OUTREACH IN THE SUPPLEMENTAL SECURITY INCOME PROGRAM: ARE THE NEEDY BEING INFORMED?

JOINT HEARING

BEFORE THE

SELECT COMMITTEE ON AGING

AND THE

SUBCOMMITTEE ON RETIREMENT INCOME AND EMPLOYMENT

OF THE

SELECT COMMITTEE ON AGING
HOUSE OF REPRESENTATIVES

ONE HUNDRED FIRST CONGRESS

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OUTREACH IN THE SUPPLEMENTAL SECURITY INCOME PROGRAM: ARE THE NEEDY BEING INFORMED?

THURSDAY, APRIL 5, 1990

U.S. HOUSE OF REPRESENTATIVES, SELECT COMMITTEE ON AGING, JOINT WITH THE SUBCOMMITTEE ON RETIREMENT INCOME AND EMPLOYMENT OF THE SELECT COMMITTEE ON AGING,

Washington, DC.

The Committee and Subcommittee met, pursuant to notice, at 10:03 a.m., in Room 2222, Rayburn House Office Building, Honorable Edward R. Roybal, (Chairman of the Select Committee on Aging) and Hon. William J. Hughes (Chairman of the Subcommittee on Retirement Income and Employment) presiding.

Members present: Representatives Roybal, Hughes, Hertel, Pallone, Tauke, Schneider, and Blaz.

Staff present: Richard Veloz, Staff Director; Paul Ceja, General Counsel; Valerie Batza, Executive Assistant to Staff Director; Diana N. Jones, Staff Assistant; of the Select Committee on Aging. Brian Lutz, Staff Director; Amy Melnick, Professional staff; and William Walsh, Staff Assistant; Subcommittee on Retirement Income and Employment.

OPENING STATEMENT OF CHAIRMAN EDWARD R. ROYBAL

Mr. ROYBAL. Ladies and gentlemen, the other members of the Committee are not present, but I'm going to start the hearing because we may have as many as six witnesses. We usually have only four and, if we're going to hear all six, it is going to take quite some time. Each one of us will probably have statements to read, and then we'll ask the witnesses to proceed in any manner that they may desire.

The hearing will now come to order. This is a joint hearing between the Select Committee on Aging, and the Subcommittee on Retirement Income and Employment, chaired by Congressman Hughes. The hearing is to discuss the issue of outreach in the Supplemental Security Income program, an issue of fundamental importance to some of this Nation's most needy poor.

The SSI program provides critical subsistence benefits to America's poor elderly, its blind, and its disabled populations. However, various studies have estimated that up to 50 percent of those eligible for the program are not receiving these benefits. In addition, recent surveys have revealed that many who are potentially eligible have never heard of the program or know very little about the program itself. They don't know where to apply. They don't know anything about the benefits. Clearly, enough has not been done in the past to inform the needy poor about the SSI program.

The General Accounting Office will testify today, based on a study that was initiated by this Committee, that elements usually associated with the Social Security Administration's outreach efforts, such as staff who perform outreach and public information activities, have significantly declined over the past 5 years. In fact, the GAO found that almost half of the SSA districts—those that were surveyed—only spend 10 hours or less a month on outreach activities.

I am particularly concerned about outreach to groups with special needs such as the homeless, the mentally and physically disabled, and the non-English speaking. Extra effort is required to inform and increase access for these vulnerable segments of our society, but indications are that it is simply not being done.

For example, many of the homeless are elderly, physically or mentally disabled individuals, and critically in need of assistance. A recent report by the National Law Center on Homelessness and Poverty stated that many homeless who are eligible for benefits do not receive them, and that although outreach efforts could help bridge this gap, these efforts are sorely lacking.

I am submitting for the hearing record this morning testimony that I received from the Los Angeles County, California Department of Public Social Services.

[The material follows:]

EDDY S. TANAKA
DIRECTOR

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC SOCIAL SERVICES
3401 RIO HONDO AVENUE, EL MONTE, CALIFORNIA 91731/TEL: (818) 572-5720
P.O. BOX 5493, EL MONTE, CALIFORNIA 91731

April 2, 1990

APR 18 1990

Honorable Edward Roybal
United States House of Representatives
Washington, D. C. 20515-0525

Dear Mr. Roybal:

This is in response to your request for written remarks on the need for additional outreach to those who are potentially eligible for Supplemental Security Income (SSI) especially the homeless.

As you are aware, homelessness is a serious problem in most urban areas of the country including Los Angeles County. For this reason, Los Angeles County has long supported the development of new programs and services to assist the homeless. In particular, there is a need for programs to locate those persons who are potentially eligible for Supplemental Security Income (SSI) and help them complete the application process.

A recent Congressional study showed only about half of those who are eligible for SSI are receiving benefits. Experience has shown that many homeless persons are potentially eligible for SSI but for a variety of reasons, they do not apply or fail to qualify.

No one knows the precise number of homeless in Los Angeles County; however, County Departments involved with the homeless estimate that there may be as many as 35,000 homeless in the County. Two recent studies, one conducted by the Los Angeles County Department of Mental Health and one by the RAND Corporation, show the compelling problems faced by the homeless including severe mental illness, poor physical health and chronic substance abuse.

The County Mental Health Department study found that 30 percent of the downtown Skid Row area homeless suffer from chronic, serious mental illness and an additional 30 percent of the homeless have both mental illness and substance abuse problems.

In addition, the homeless in the downtown area are in relatively poor health. The Mental Health Department study reported that over 70 percent have physical health problems, including accidents or recent illnesses. Many homeless have multiple health problems. We believe that homeless people in many areas of the County have problems similar to those of the downtown homeless.

Overall, this information would tend to suggest that the homeless would qualify for disability benefits; however, only about 8 percent of the Skid Row homeless in Los Angeles County receive any kind of disability payment including SSI.

This shows that a greater effort is needed to locate those homeless persons who are potentially eligible for SSI and assist them in completing the application process. Outreach programs need to be tailored to the needs of the homeless population which is increasingly non-white, younger and mentally ill.

Since 1984, the Los Angeles County Department of Public Social Services has provided enhanced services to the homeless in the downtown Los Angeles Skid Row area in an effort to help overcome the kinds of problems outlined above. As part of this effort, Department of Public Social Services Adult Protective Services (APS) workers help the homeless including the mentally ill to access income benefits and other social services to which they are eligible. APS workers also help clients find emergency shelter, food and clothing. Social workers also work in conjunction with the County Mental Health Department, and legal advocates to help homeless mentally ill persons apply for SSI. Currently, DPSS provides brief services to 900 homeless persons and other vulnerable adults each month in the Skid Row area.

Although we know these efforts have been helpful, we know that more is needed. We need to provide a broader range of services to more people. However, funding is insufficient to expand these efforts without help from the federal government. Congress recognized the need to provide enhanced SSI outreach services by creating grants for Homeless Demonstration Projects in the Budget Reconciliation Act of 1987. These Demonstration Projects were designed to fund SSI Outreach Teams to ensure the identification of the homeless mentally ill and to provide potential SSI recipients with certain basic services including housing, food and health care during the SSI application process. The Omnibus Budget Reconciliation Act of

1987 authorized funding for these grants at $1.25 million for FY 88 and $2.5 million for FY 89. Although Congress authorized these funds no money was actually appropriated. Despite numerous Congressional efforts in recent years, no federal funding has been provided for SSI outreach services.

We are asking that Congress take immediate action to fully fund grants to provide outreach services to the homeless including the mentally ill. Services are needed to identify potential SSI recipients and provide them with basic survival services including housing, food and health care while they apply for SSI. Without increased outreach and supportive services, many homeless persons will never receive the income assistance benefits that would enable them to obtain permanent shelter.

I appreciate the opportunity to share our concerns with you and the Select Committee. Please let me know if I can provide you with any further assistance.

Sincerely,

Ray Garcia, Chief
Governmental Relations Division

RG:GS:mo

Mr. **Roybal**. They reported that there may be as many as 35,000 homeless in Los Angeles County alone. In addition, the testimony points out that while studies show that many homeless in the downtown Los Angeles area suffer from significant mental and physical problems, only approximately 8 percent receive any kind of disability payment, including SSI.

The record appears to be just as disturbing with regard to the non-English speaking. I'm also introducing into the hearing record today a preliminary report sent to me by the Inspector General of the U.S. Department of Health and Human Services.

[The preliminary report follows:]

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of Inspector General
Washington, D.C. 20201

APR 2 1990

The Honorable Edward R. Roybal
Chairman, Select Committee on Aging
House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

At the request of Mr. Paul Ceja of your staff, we are enclosing a copy of our draft report "Serving Non-English Speaking Clients." We understand this preliminary draft is needed for the upcoming hearing on Supplemental Security Income outreach efforts by the Social Security Administration.

We will be completing our work on this draft report very shortly and expect to issue the final report early in April 1990.

Your interest in our work is appreciated. Please call me if you need additional information or have your staff contact Vince Serio at (301) 965-9912.

Sincerely yours,

Richard P. Kusserow

Richard P. Kusserow
Inspector General

Enclosure

DRAFT

SERVING NON-ENGLISH SPEAKING CLIENTS

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Richard P. Kusserow
INSPECTOR GENERAL

OAI-02-89-00630

DECEMBER 1989

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This study was conducted to assess how the Social Security Administration (SSA) is addressing the special needs of non-English speaking clients. The report was prepared under the direction of Thomas F. Tully, the Regional Inspector General of Region II, Office of Analysis and Inspections. Participating on the project were the following people:

New York
Joseph J. Corso, Jr., *Project Leader*
Raul Martynek
Pereta Rodriguez

Headquarter
Brenda D. Stup

Chicago
Phillip M. Onofrio

Dallas
George D. DeLuna

San Francisco
Neil A. Merino

EXECUTIVE SUMMARY

PURPOSE

To assess how the Social Security Administration (SSA) is addressing the special needs of non-English speaking clients.

BACKGROUND

The SSA is today an agency in transition, modernizing its structure and service delivery systems in a society of rapidly advancing communications technology. It is making extensive use of electronic and telephonic media, including teleclaims and an 800 number service, in order to serve the largest number of SSA clients possible without the need for face-to-face contact. The SSA has also made interview appointments available to the public as another service delivery option. Traditionally, service has been provided on a first-come, first-served basis. These initiatives, along with perceptions that non-English speaking populations have problems conducting business by phone, and the general decrease in SSA's field office (FO) staff resources, impact upon services to non-English speaking populations. Discussions were held with SSA FO bilingual staff and managers to obtain their opinions on this issue.

MAJOR FINDINGS

Many Non-English Speaking Clients Do Not Receive The Same Level Of Service As Others.

- Most non-English speaking clients do not use SSA's currently emphasized service delivery options. They conduct their business in person; about 70 percent come in without appointments, and more than half arrive without interpreters.
- Many non-English speaking clients wait longer to be served; some are sent away with appointments for later dates.
- There are insufficient bilingual staff to meet the needs of these clients. Nearly two-thirds of the managers believe more bilingual staff are needed.

SSA Has Not Given Sufficient Priority To The Needs Of Non-English Speaking Clients.

- The workload reporting system does not capture data on non-English speaking client activity; data on bilingual employees is incomplete.

- Position descriptions, performance evaluations and SSA's recruitment material do not routinely address bilingual skills.

- Special demands on bilingual employees are not always recognized. Over half the bilingual respondents consider interviews with non-English speaking clients more difficult to conduct. Two-thirds feel they deserve some kind of special compensation.
- Sixty percent of respondents cite the limited ability to recruit and hire bilingual staff as a major obstacle to meeting these clients' needs.

- Limited communication exists between SSA and community agencies regarding non-English speaking persons; neither of their roles in assisting this population is clear. Nearly 80 percent of the FO managers did not initiate activities during the last year with community organizations to assist these clients in their business with SSA. Many bilingual respondents believe more can be done by SSA to reach out to these organizations.

RECOMMENDATIONS

The SSA should do more to recognize and address the needs of non-English speaking populations. This could be accomplished by taking the following actions:

- establish a clear policy on the agency's responsibility for providing interpreter services;

- expand the workload reporting system to identify non-English speaking workloards, and improve the system for collecting data on bilingual staffing;

- assess bilingual staffing needs and assign resources;

- encourage outreach to community-based agencies, and tailor the 800 number to service the needs of these clients; and

- emphasize bilingual skills in recruitment material, position descriptions, performance evaluations, and incentive programs.

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INTRODUCTION

PURPOSE

To assess how the Social Security Administration (SSA) is addressing the special needs of non-English speaking clients.

BACKGROUND

The SSA is today an agency in transition, modernizing its structure and service delivery systems in a society of rapidly advancing communications technology. It is making extensive use of electronic and telephonic media, including teleclaims and an 800 number service, in order to serve the largest number of SSA clients possible without the need for face-to-face contact. The SSA has also made interview appointments available to the public as another service delivery option. Traditionally, service has been provided on a first-come, first-served basis. All these changes have been taking place while the overall staffing of SSA field offices (FO) has been decreasing.

This inspection evolved from a previous Office of Inspector General study issued in December 1988, entitled Adjusting To Technological Change In SSA To Improve Public Service. One of the concerns identified by that study was that SSA's service delivery options were "... putting many populations with literacy, language and cultural barriers to communication at risk of losing services."

Traditionally, SSA FOs maintain relationships with various community-based organizations in their local service areas. Although non-English speaking populations often turn to some of these organizations for assistance with SSA business, SSA in recent years has had limited contact with them due to diminishing staff resources.

A January 1989 General Accounting Office (GAO) report, entitled Social Security Administration: Employment of and Service to Hispanics, concluded:

> *SSA publishes most printed material and notices in Spanish and keeps track of its employees who are bilingual in Spanish and English. SSA does not, however, compile racial, ethnic and language preference data on applicants and beneficiaries as part of its quality-of-service surveys. Therefore, it does not know whether minority groups, including Hispanics, are served at least as well as its clientele as a whole.*

The SSA's response was that the agency should not "*develop specific mechanisms for evaluating services to particular client groups.*" The SSA Commissioner was quoted as saying the agency "*... has a long tradition of equitable service to all segments of the American public ... and makes every effort to treat all people we serve equally and fairly ....*"

These issues and concerns are captured in a July 1979 Service Delivery Assessment report on SSA's service to the public, issued by the then Department of Health, Education and Welfare, which stated that:

> *Services to the Spanish speaking are generally lower in quality than those provided to English-speaking clients. The severe shortage of bilingual SSA staff, inadequate interpreter services, and longer interviewing times account for the growing service needs among Hispanics.*

METHODOLOGY

The most current data on the actual size and location of non-English speaking populations are from the 1980 U.S. Census. Therefore, this study used both this information and more current census data on the location of major ethnic groups to identify FOs in selected counties of nine States where non-English speaking populations are most likely to reside

As the first phase of the study, a survey questionnaire was designed to capture the perceptions of managers about the needs of these clients and how well they are being met by SSA. It was mailed to 216 SSA FO managers in 52 counties where at least 50,000 persons of Hispanic, Asian-Pacific Islander and other ethnic groups are part of the urbanized population. These counties are in New York, Pennsylvania, Florida, Illinois, Texas, Arizona, New Mexico, Colorado and California. A total of 196 managers (91 percent) from eight States responded. There were no responses from New Mexico.

The managers were asked to estimate both the total population of their service areas and the percent which is non-English speaking, defined as those who: *Do not speak English well enough to conduct their business with SSA without the aid of someone to interpret for them.* (See Appendix for their estimates)

We next analyzed the 196 survey questionnaires to identify those offices facing the greatest difficulty in meeting the needs of these clients and selected 18 FOs in five States (New York, Illinois, Texas, Arizona and California) for site visits to explore the nature of their difficulties. The visits included: 1) completion of a self-administered questionnaire by 127 bilingual interviewing staff; and 2) discussions with 61 SSA FO employees, including 20 management personnel and 41 bilingual interviewing staff who had also completed questionnaires, and 9 area directors. In all, there were 332 SSA respondents.

Discussions were held (mostly by phone) with representatives of 19 community-based groups and 21 congressional offices to gain their perceptions of how well SSA is meeting the needs of non-English speaking persons, and a sense as to their roles in assisting these persons with SSA business. A total of 40 groups and congressional offices were contacted.

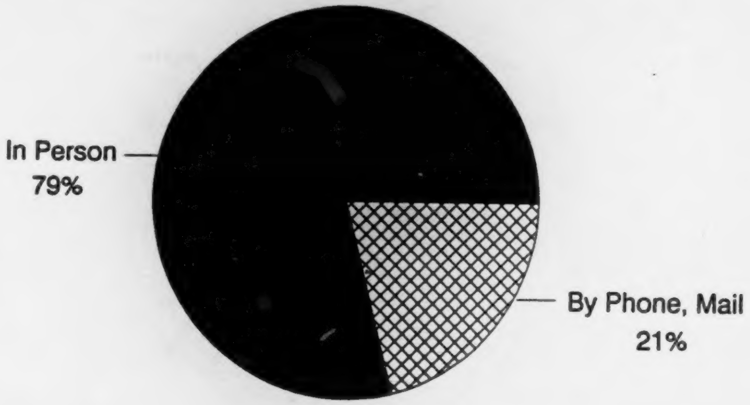
FINDINGS

Many non-English speaking clients do not receive the same level of service as others.

- Most non-English speaking clients do not use SSA's currently emphasized service delivery options.

Respondents say that in a typical month most contacts by non-English speaking clients with their offices are made in person (Chart 1). Managers estimate that 70 percent of these clients come in without appointments and 56 percent come in alone.

CHART 1



SSA Field Managers & Area Directors Estimate Most Non-English Speaking Clients Contact SSA In Person

Managers (196) *Area Directors (9)*

- Many non-English speaking clients wait longer to be served; some are sent away with appointments for later dates.

Managers of one-third of the FOs surveyed report that these clients who come in without an appointment and alone, wait longer than English-speaking walk-in clients to be served. Half of the bilingual respondents concur. A typical management concern was expressed by one area director: *"They may have to wait an hour or two, but it would be nice to have them wait five to ten minutes like the English speaking clients."*

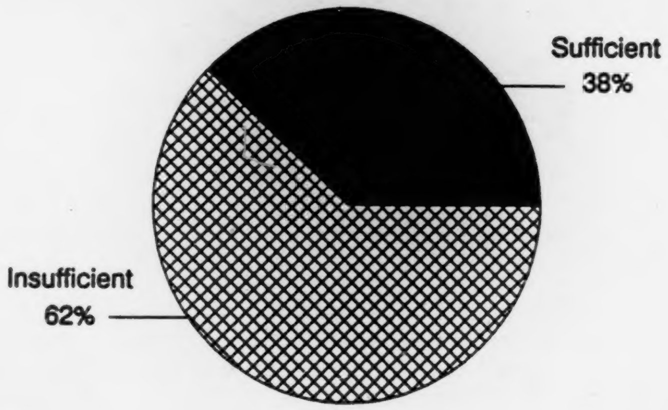
Bilingual staff report that walk-in service on demand is limited for these clients. Often they are sent away with appointments for a time when a bilingual interviewer is available (which can be up to three weeks later), rather than have them wait for long periods.

- Bilingual staff are insufficient to meet the needs of these clients.

Nearly two-thirds of the managers consider the number of bilingual employees on staff less than adequate to meet interview demands (chart 2). Managers and bilingual staff estimate, on the average, an additional four to five bilingual employees are needed in each office to meet demands. Respondents say most should be Spanish speaking with the others speaking Chinese or Vietnamese, and they should include service and claims representatives to cover all program areas. Eight of the nine area directors say that 69 of the 163 FOs (42 percent) in their networks need more bilingual staff.

CHART 2

Most Surveyed Field Managers Believe There are Insufficient Bilingual Interviewers



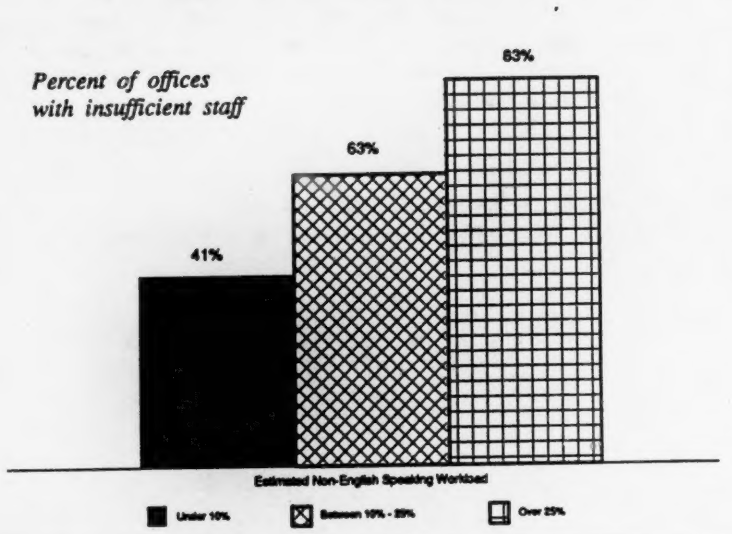
Managers (196)

Of the 196 FOs which completed the survey questionnaire, 71 (36 percent) estimate that these interviewing workloads represent from 26 to over 70 percent of their total interviews in a typical month. Chart 3 indicates that the percentage of FOs with insufficient bilingual staff is highest where non-English speaking interviewing workloads are highest.

Managers in 97 FOs (49 percent) report a net loss of 292 bilingual staff members over the last three fiscal years. Three-quarters of them report non-English speaking interviewing workloads of over 25 percent.

CHART 3

Unavailability of Bilingual Staff Increases with the Size of Non-English Speaking Workload



The available types of bilingual staff who specialize in one area only, i.e., title II (Old Age, Survivors, Disability and Health Insurance) or title XVI (Supplementary Security Income: SSI) claims representatives, are also often inadequate. This includes service representatives who sometimes screen non-English speaking visitors in the service area to resolve simple matters, rather than have them wait, perhaps unnecessarily, for a bilingual interviewer.

SSA has not given sufficient priority to the needs of non-English speaking clients.

- **The workload reporting system does not capture data on non-English speaking clients; data on bilingual employees is incomplete.**

Neither the automated district office workload reporting system nor the periodic worksampling process captures information on the size and nature of these workloads. Also, no data are collected on the number of non-English language calls to the 800 number. Allocation of bilingual staff is difficult under these conditions.

Some regions maintain listings of authorized or certified interpreters with foreign language(s), locations and names of FO employees who have agreed to serve in this role. However, these lists are incomplete. Of the 1,570 bilingual staff members at FOs surveyed, only 998 (64 percent) are certified. The SSA headquarters does not collect this information or other data regarding bilingual employees and the languages they speak. Also, this information is not continually updated in all regions. The only data SSA headquarters collects relates to employees hired under the bilingual/bicultural program which allows selection of Hispanic bilingual candidates regardless of their ranking on a list of tested applicants.

- **Position descriptions, performance evaluations and SSA's recruitment material do not routinely address bilingual skills.**

In the FOs surveyed by mail, the bilingual staff comprised 26 percent of total staff (1,570 of 6,121) (chart 4). However, position descriptions and performance appraisals for many of these employees do not reflect their bilingual skills.

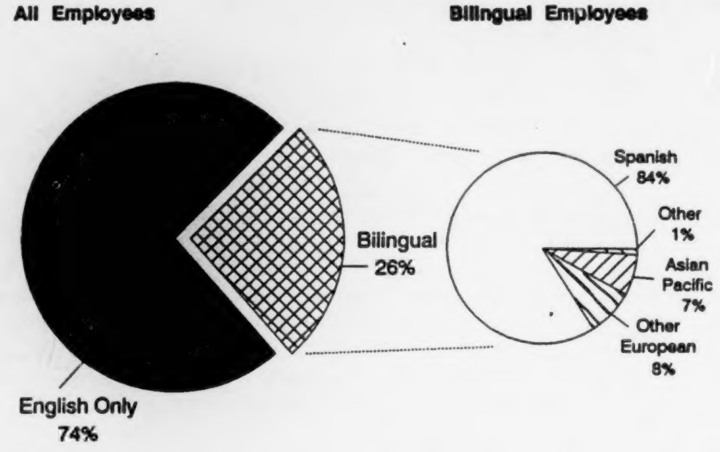
Up until about three years ago, SSA used standard position descriptions which did reference these skills. Current position descriptions do not mention these skills, although regional management can amend them if they wish to.

Although SSA's employee performance appraisal system is uniform nationwide, the specific way in which it measures performance varies from region to region. Consequently, some bilingual employees are rated according to their use of languages other than English, while others are not.

There are no bilingual supervisors or managers in eight of the FOs visited. Both managers and bilingual employees in these offices agree that it would be virtually impossible for these managers to assess the quality of foreign-language interviews.

CHART 4

One of Four SSA Employees in Surveyed Offices is Bilingual



Based on 6,121 total staff members

The material SSA is preparing for use in recruiting employees in Fiscal Year 1990 and thereafter does not highlight the importance of bilingual skills, except in a footnote which reads: "*Many claims representatives and service/telephone service representatives deal with the public where bilingual ability is highly desirable.*"

- Special demands on bilingual employees are not always recognized.

Over half the bilingual respondents consider interviews with non-English speaking clients more difficult to conduct. The bilingual claims representatives say that because these clients, especially the SSI clients, tend to be less educated and sophisticated, it is harder to explain complex program concepts to them. One claims representative gave this typical comment: "*Trying to explain to someone in a foreign language the difference between in-kind income and cash takes 25 minutes.*" Some CRs say that these clients are also often illiterate in both English and their native tongue and unfamiliar with the government and how it works.

More than half of the bilingual respondents estimate that these interviews represent over half their workload. Nearly 40 percent assist at more than 50 interviews in a typical month, when the assigned interviewer is not bilingual.

Managers and bilingual respondents report that many bilingual employees, primarily clericals, do not always want to act as interpreters at interviews. Reasons include their own work piling up, receiving no compensation for their extra efforts, such duties not being in their job description, or having their own numbers or quotas to meet.

Two-thirds of the bilingual respondents, mostly in FOs with high non-English speaking workloads, feel they deserve special compensation. They complain that in their inner city areas Federal pay is not usually competitive and that they do too much work for little or no credit. For example, if they assist at an interview, the principal interviewer gets credit for the interview.

Even when recognized with awards, they prefer a salary differential. One mentioned that the local government (in a city with one of the highest costs of living in the country) provides differential pay for bilingual employees. One manager's representative statement was:

> *Some people are objecting to have to translate and interpret, it's an additional burden for them that non-bilingual staff don't have. They question why they don't get more pay. Speaking Spanish, OPM states, doesn't justify a higher salary, but the difficulty of the job does!*

- Limited ability to recruit and hire bilingual staff cited as major obstacle to meeting these clients' needs.

Among major obstacles to meeting the needs of these clients, limited ability to recruit and hire bilingual staff is most often cited (Chart 5). Many FO managers refer to their inability to hire anyone "*off the street*" (sometimes excepting clericals). Even though able to target positions for Hispanic bilinguals, they can't administer an Office of Personnel Management (OPM) certification and are dependent upon OPM recruitment efforts. Applicants who are drawn from all over the country may not want to work in a high-cost area at a GS-5 salary. Managers reported that a recent freeze on hiring cost them several jobs, including some restricted to bilingual hires. A typical comment was:

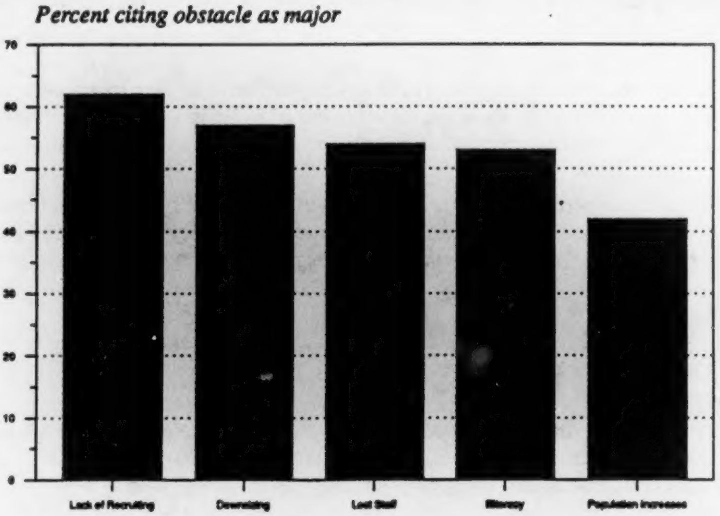
> *We can't go out and offer someone a job. We try to interest people in federal careers,but they have to apply and go on the OPM register. We are dependent upon what OPM does to increase the pool of applicants. We used to be able to go outside and certify people. We were creating our own pool of applicants.*

Difficulty was also found with the bicultural/bilingual hiring program, which is limited to persons of Hispanic origin with bilingual skills. Managers in FOs where skills in other languages are needed feel disadvantaged because they cannot target those candidates.

- Limited communication exists between SSA and community agencies regarding non-English speaking persons; respective roles in assisting these persons are unclear.

CHART 5

Five Major Obstacles Affect Service to Non-English Speaking Clients



FO managers were questioned about their knowledge of local community-based organizations which sometimes assist these clients in doing business with SSA. Most managers report that either there are none or that they don't know of any in their service areas. About 40 percent say there are 186 such organizations in their service areas, which provide clients with some level of interpreter services, as well as assistance in documenting entitlement to SSA benefits and in reporting post-entitlement changes.

Nearly 80 percent of the FO managers say that, during the last year, they did not initiate activities with these organizations to assist these clients in their business with SSA. Similarly, over 80 percent of the community-based organizations did not initiate such activities in the last year, according to FO managers.

Only six percent of 196 managers initiated such activities with congressional offices in their service areas in the last year. Likewise, only four congressional offices (of 394 identified) reportedly initiated SSA-related programs in the last year for these clients. Only one congressional office provided clients with interpreters or translators for interviews with SSA.

Almost three-quarters of the FO managers surveyed have never purchased or arranged to receive any outside assistance to supplement bilingual interpreter services. Most of the rest don't know whether such arrangements have been made. Among the 71 FOs with the highest non-English speaking workloads, 83 percent have never arranged for or purchased such services.

Three-quarters of the bilingual respondents rendering an opinion believe more can be done by SSA to reach out to these community organizations.

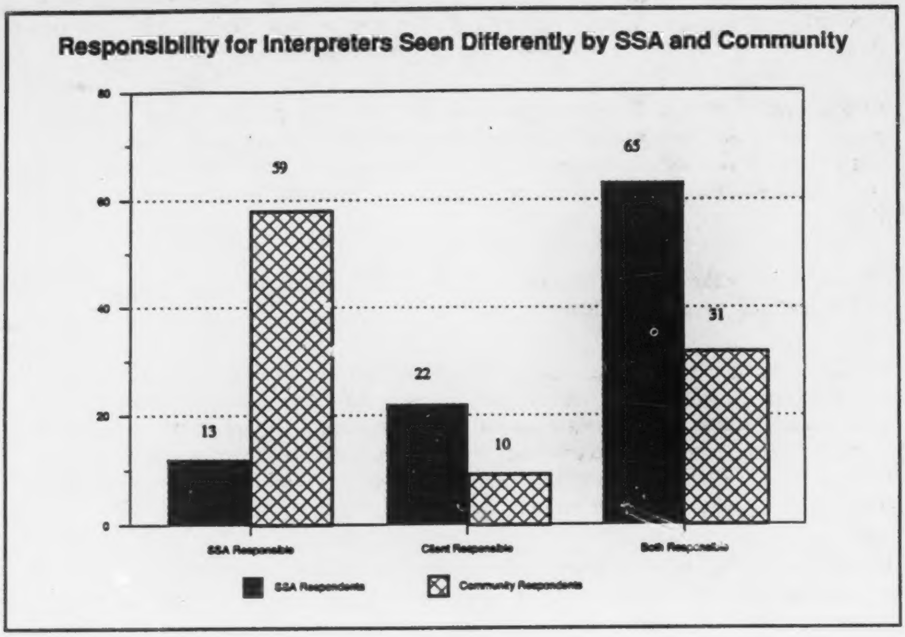
The SSA respondents and those outside SSA differ over who is primarily responsible for providing interpreters. The SSA respondents generally hold both SSA and the client responsible, mostly because SSA no longer has sufficient resources. Also, where only a few persons speaking a foreign language are involved, they don't believe SSA should be expected to have bilingual staff available. Some SSA staff consider the client responsible because English is the official language of the government and should be spoken by all.

In contrast, community-based groups and congressional office respondents assign SSA the responsibility (Chart 6) and generally agree with the sentiment of one community-based group representative: *"The primary responsibility rests with the agency, especially if the non-English speaking clients represent a substantially large group in the service area."* However, they do believe clients should be advised to have interpreters accompany them in those areas where these client populations are small.

Some contacts outside SSA who believe the responsibility should be shared cite downsizing and loss of bilingual staff as significant obstacles. One of the few non-SSA respondents who holds the client responsible, a congressional office respondent, said, *"If they get benefits from the U.S. government, then they should speak English."*

Eighty-five percent of the non-SSA respondents rate local FOs' efforts to meet non-English speaking client needs as good to excellent; 15 percent rate them poor to fair. They consider the efforts of FO bilingual staff outstanding, despite diminished resources. However, two-thirds say SSA should be doing more to provide needed services to these clients, including having sufficient bilingual staff.

CHART 6



Responsibility for Interpreters Seen Differently by SSA and Community

RECOMMENDATIONS

The SSA should do more to recognize and address the needs of non-English speaking populations. This could be accomplished by taking the following actions:

- establish a clear policy on the agency's responsibility for providing interpreter services;
- expand the workload reporting system, including 800 number data collection, to identify non-English speaking workloads, and improve the system for collecting data on bilingual staffing;
- assess the bilingual staffing needs of the most affected offices, and assign resources where such needs are identified;
- encourage greater outreach to community-based agencies to assist these clients in their business with SSA;
- tailor the national 800 number to serve the needs of non-English speaking clients; for example, consider adding a separate 800 number for Spanish speaking callers; and
- emphasize bilingual skills in recruitment material, position descriptions, performance evaluations, and incentive programs.

APPENDIX

The 196 managers estimate over nine million non-English speaking persons are concentrated in the 51 counties they serve, the majority being Hispanic (Chart 7 and Table 1).

CHART 7

Non-English Speaking Populations are Substantial and Primarily Hispanic

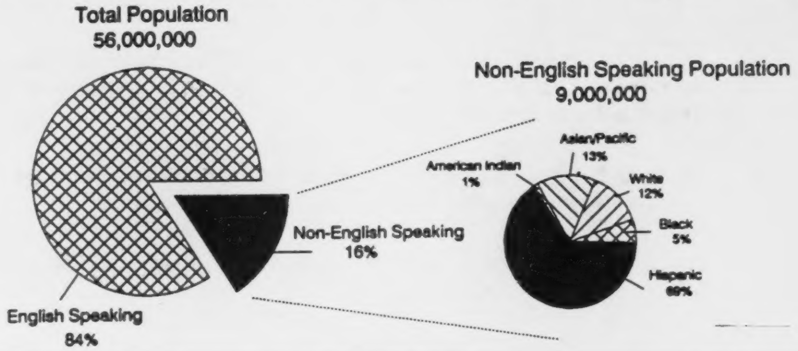


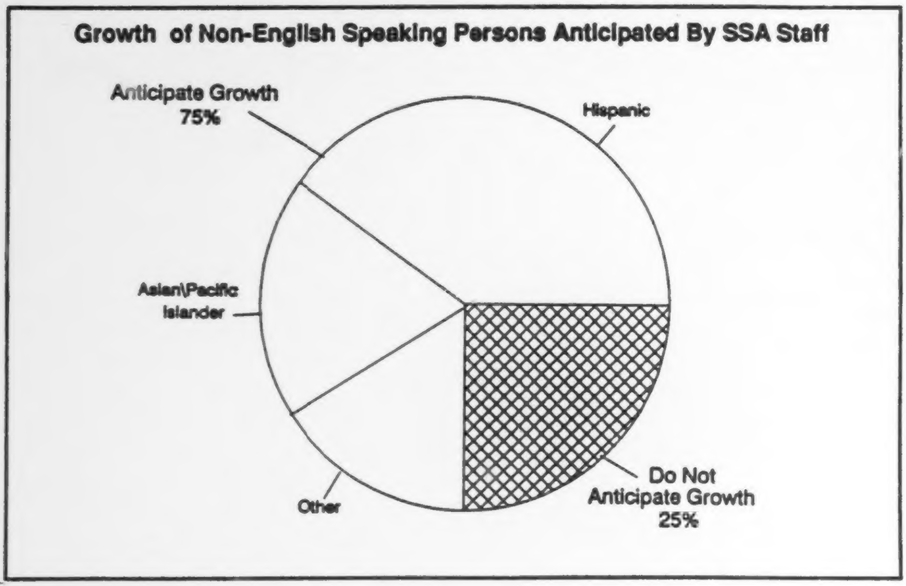
Table 1

Distribution of Non-English Speaking Populations in Service Area of surveyed Field Offices by State					
States	*Number of Counties and FOs Surveyed*		*Estimated Total Population*	*Estimated Non-English Speaking Population*	*Percent Non-English Speaking*
	Cs	*FOs*	(in millions)		
Arizona	2	8	2.4	.3	12.0%
California	8	67	18.0	3.2	17.8%
Colorado	5	4	1.8	.1	6.6%
Florida	1	8	1.9	1.0	50.7%
Illinois	3	24	7.6	.9	12.5%
New York	8	45	10.7	1.5	14.1%
Pennsylvania	5	15	4.5	.4	9.0%
Texas	19	25	9.0	1.8	19.6%
TOTAL	51	196	55.9	9.2	

Non-English speaking Hispanics speak Spanish, while Asian/Pacific Islanders speak a variety of languages including Chinese, Korean, Vietnamese and Tagalog (Philippine Islands). Non-English speaking Whites, other than Hispanics, also speak a variety of languages including Italian, Greek, French, Portuguese, Russian and Hebrew.

Three-quarters of the SSA respondents who rendered an opinion anticipate substantial growth of non-English speaking populations in their service areas by 1995 and expect a significant impact on their offices (Chart 8). (These estimates concur with U.S. Census projections for the next 50 years which indicate that non-White populations, particularly Hispanic and Asian/Pacific Islander groups, will become a near majority.)

CHART 8



Mr. ROYBAL. That report entitled, "Serving Non-English Speaking Clients," assesses how the Social Security Administration is addressing the special needs of this group. While this report is only preliminary and does not as yet incorporate the comments of the Social Security Administration, I believe that the findings are extremely important and relevant to today's hearing.

Among the Inspector General's findings are that many non-English speaking clients do not receive the same level of service as others, and that SSA has insufficient bilingual staff to meet the needs of these clients. In addition, the Inspector General found that SSA has not given sufficient priority to the needs of non-English speaking clients, and that limited communication exists between SSA and community agencies regarding the non-English speaking people of this country.

I applaud Social Security Commissioner King's recent efforts to make SSI outreach a priority of the agency. However, it may be that her good intentions may not be enough. We need to determine whether SSA has the resources to carry out an effective outreach program.

Findings by the GAO and various Aging Committee hearings, including the recent hearing held by Congressman Hughes, indicate that SSA does not have the resources due to significant staff cuts over the past 5 years. I am looking forward to hearing the Commissioner's views on this matter. You can be sure that you will have the cooperation of this Committee at all times.

The witnesses before us today represent a cross-section of those with a knowledge of, and interest in, SSI outreach to the needy poor. The joint hearing will provide this Committee with the opportunity to review this issue in detail.

Ladies and gentlemen, I believe that the Federal Government has a basic responsibility to ensure that this Nation's needy poor who are entitled to vital government benefits are adequately informed and provided access to those benefits. It is my hope that today's hearing will help move us closer to that goal.

[The prepared statement of Chairman Roybal follows:]

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CHAIRMAN EDWARD R. ROYBAL
OPENING STATEMENT

"OUTREACH IN THE SUPPLEMENTAL SECURITY INCOME PROGRAM: ARE THE NEEDY BEING INFORMED"

This is a joint hearing between the Select Committee on Aging and the Subcommittee on Retirement Income and Employment, chaired by Congressman Hughes. The hearing is to discuss the issue of outreach in the Supplemental Security Income program, an issue of fundamental importance to some of this nation's most needy poor.

The SSI program provides critical basic subsistence benefits to America's poor elderly, blind and disabled populations. However, many who are potentially eligible are not recieving these basic benefits. Various studies conducted since the program was initiated have estimated that up to 50 percent of those eligible for the program are not receiving benefits. In addition, recent surveys have revealed that many who are potentially eligible have never heard of the program, and of those who have, many know very little about the program or where to go to apply for benefits. Clearly, enough has not been done in the past to inform the needy poor about the SSI program.

The General Accounting Office (GAO) will testify today, based on findings of a study initiated by the Aging Committee, that elements usually associated with the Social Security Administration's outreach efforts, such as staff who perform outreach, and public information activities, have significantly declined in the past five years. In fact, the GAO found that almost half of the SSA districts they surveyed only spent 10 hours or less a month on outreach activities.

I am particularly concerned about SSI outreach to groups with special needs such as the homeless, the mentally and physically disabled, the non-English speaking, and rural populations. Extra effort is required to inform these vulnerable segments of our society, but indications are that it simply has not been done.

With regard to the homeless, for example, many are elderly, physically or mentally disabled, and critically in need of assistance. A recent compilation of studies by the National Institutes on Mental Health found that in many cities only a small percentage of the homeless suffering from mental disabilities are receiving SSI.

I am submitting, for the hearing record, testimony I received from the Los Angeles County California Department of Public Social Services, reporting that there may be as many as 35,000 homeless in Los Angeles County. In addition, the testimony points out that while many homeless in the downtown Los Angeles area suffer from significant mental and physical problems, only approximately 8 percent receive any kind of disability payment, including SSI.

The National Law Center on Homelessness and Poverty, in a recent report stated the following:

> (M)any homeless persons, eligible for benefits, do not receive them. Outreach efforts -- designed to send social services workers to shelters to inform homeless persons of benefits programs, provide application forms and assist in their completion -- could help bridge this gap. Yet such efforts are sorely lacking.

With regard to the non-English speaking, the record appears to be just as disturbing. The GAO will testify today that 43% of the SSA District Managers that they surveyed who cited a need for outreach to the non-English speaking, stated that SSA was doing less than enough outreach to this group.

Today I am also introducing into the hearing record a preliminary report sent to me by the Inspector General of the U.S. Department of Health and Human Services. The report, entitled "Serving Non-English Speaking Clients", assesses how the Social Security Administration is addressing the special needs of non-English speaking clients. While this report is only preliminary, and does not as yet incorporate the views of the Social Security Administration, I believe that the findings are extremely important and relevant to today's hearings.

Among the major findings of the Inspector General are that many non-English speaking clients do not receive the same level of service as others, and that SSA has insufficient bilingual staff to meet the needs of these clients. In addition, the Inspector General found that SSA has not given sufficient priority to the needs of non-English speaking clients, and that limited communication exists between SSA and community agencies regarding the non-English speaking.

The Inspector General's last finding, on the lack of communication between SSA and community organizations that deal with the non-English speaking, is particularly significant. The GAO reported that most of the Social Security Managers that they surveyed believed that the most effective outreach approach involved working with other agencies and advocacy groups.

Today's joint hearing will provide this Committee with the opportunity to review the issue of SSI outreach in detail, to find out why more has not been done to inform the needy poor of the benefits to which they may be entitled. I applaud Social Security Commissioner King's efforts to make SSI outreach a priority of the agency. Since her tenure as Commissioner began, she has demonstrated a personal commitment to improving the agency. But her good intentions may not be enough. We need to determine whether SSA has the resources to carry out an effective outreach program. Findings by the GAO, and various Aging Committee hearings, including a recent hearing held by Congressman Hughes, indicate that SSA does not have the resources due to significant staff cuts over the past five years. I am looking forward to hearing the Commissioner's views on this matter.

We also have before us today an individual who will give this Committee a first hand account of attempting to obtain SSI benefits. Finally we will review the outreach activities, studies and recommendations of various aging organizations, and Congressional proposals for future outreach efforts.

I believe that the federal government has a basic responsibility to insure that this nation's needy poor who are entitled to vital government benefits are adequately informed and provided access to those benefits. It is my hope that today's hearing will move us closer to that goal.

Mr. ROYBAL. The Chair would now like to recognize a gentleman who has had a great interest in this matter for a long time, and who has spent a great deal of time trying to remedy the situation. That is my co-chairman, a man that I'm proud to work with at all times, Congressman Hughes.

OPENING STATEMENT OF CHAIRMAN WILLIAM J. HUGHES

Mr. HUGHES. Thank you, Mr. Chairman, and good morning. We thank you for your continued leadership in this most important area of endeavor.

I, too, want to welcome you to this joint hearing of the House Select Committee on Aging and the Subcommittee on Retirement Income and Employment. Today we'll hear testimony regarding the effectiveness of various outreach efforts to locate and sign up persons who are eligible for the supplemental security income or SSI program, if you will.

As you know, Mr. Chairman, the SSI program is designed to provide a minimal safety net income for our poorest elderly, blind, or disabled citizens. Yet, what concerns me is that while 4½ million individuals currently receive SSI assistance, various studies indicate that up to half of those who are eligible for SSI are not presently participating in the program. We simply must do a better job of getting this vital assistance to our poorest citizens.

We are fortunate to have with us the Social Security Commissioner, Gwendolyn King, who should be highly commended for making SSI outreach such a major priority within the agency. I can't think of a Commissioner in recent history who has worked harder to make this important program much more visible. I believe the SSI outreach task force which she has created is a strong step in the right direction, and we all look forward to working with her to make this SSI outreach effort much more effective and successful.

However, I am concerned like you, Mr. Chairman, that even with this task force, the Social Security Administration will continue to face the same problems with SSI outreach over and over again. The number of Social Security field representatives has been cut in half since 1984—from 1,039 to 601 in 1989. One of the duties of these field representatives is to conduct SSI outreach to vulnerable individuals who may be hidden in our communities.

In a recent survey of Social Security managers, some 78 percent responded that they were not able to conduct an effective SSI outreach program with current staffing. In addition, a recent study by the General Accounting Office that you alluded to reveals that some 80 percent of SSA's field offices spend 20 hours or less per month on SSI outreach. Given these factors, is it any surprise that 30 to 50 percent of those low-income and vulnerable individuals who are eligible for SSI are not in the program? I will be interested to learn how we can do more outreach with an already overburdened staff. Assuming these outreach efforts are successful, who will help these thousands of individuals get through the very lengthy application and review process?

I don't know whether you've seen the application. I suspect you have, Mr. Chairman. It boggles the mind. I can't fathom how anybody can understand, particularly the poorest of the poor, what we ask them in this 15-page application. We'll hear more about that I'm sure.

[See Appendix, p. 157 for "Application for Supplemental Security Income" referred to by Mr. Hughes.]

We are fortunate to have with us a very, very distinguished panel of witnesses who will provide the Committee with a variety of information regarding both effective and ineffective SSI outreach efforts. I particularly want to welcome our colleague from California, Mr. Matsui, one of the leaders of the Ways and Means Committee, who will testify very shortly.

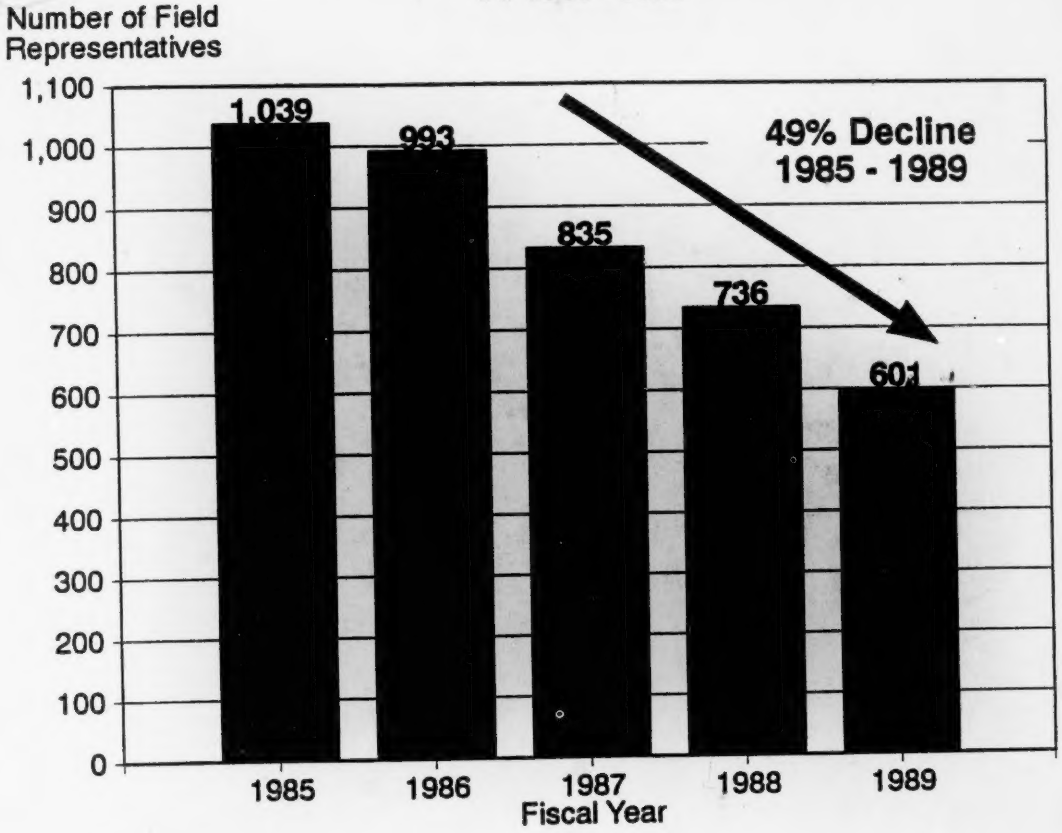
I'd also like to welcome, in particular, Ms. Dee Clark, who is with us this morning from Atlantic County, New Jersey. She just lives across the creek from us at Ocean City. We're happy to have her with us this morning. Ms. Clark will describe the barriers citizens in our district face with the SSI application process.

Thank you again, Mr. Chairman, for convening this hearing.

[Supplemental material submitted by Chairman Hughes follows:]

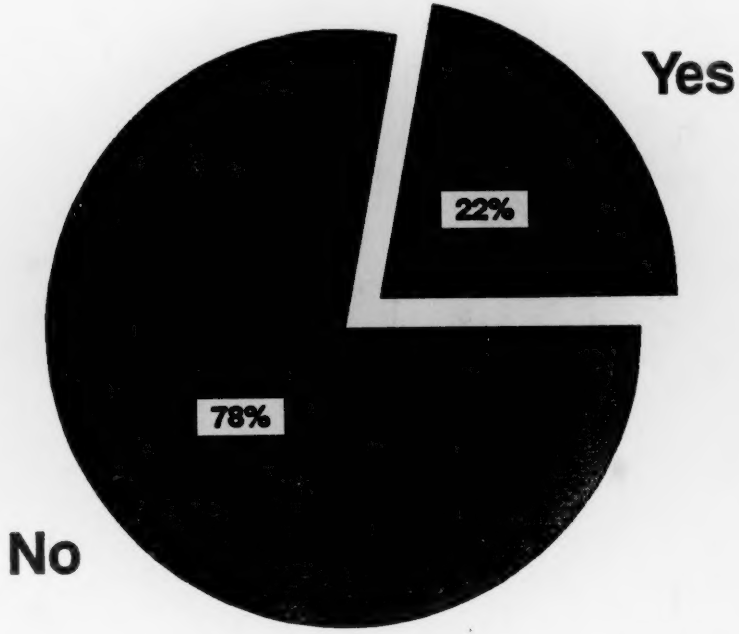
Field Representatives on Duty

FY 1985 - 1989



Source: GAO

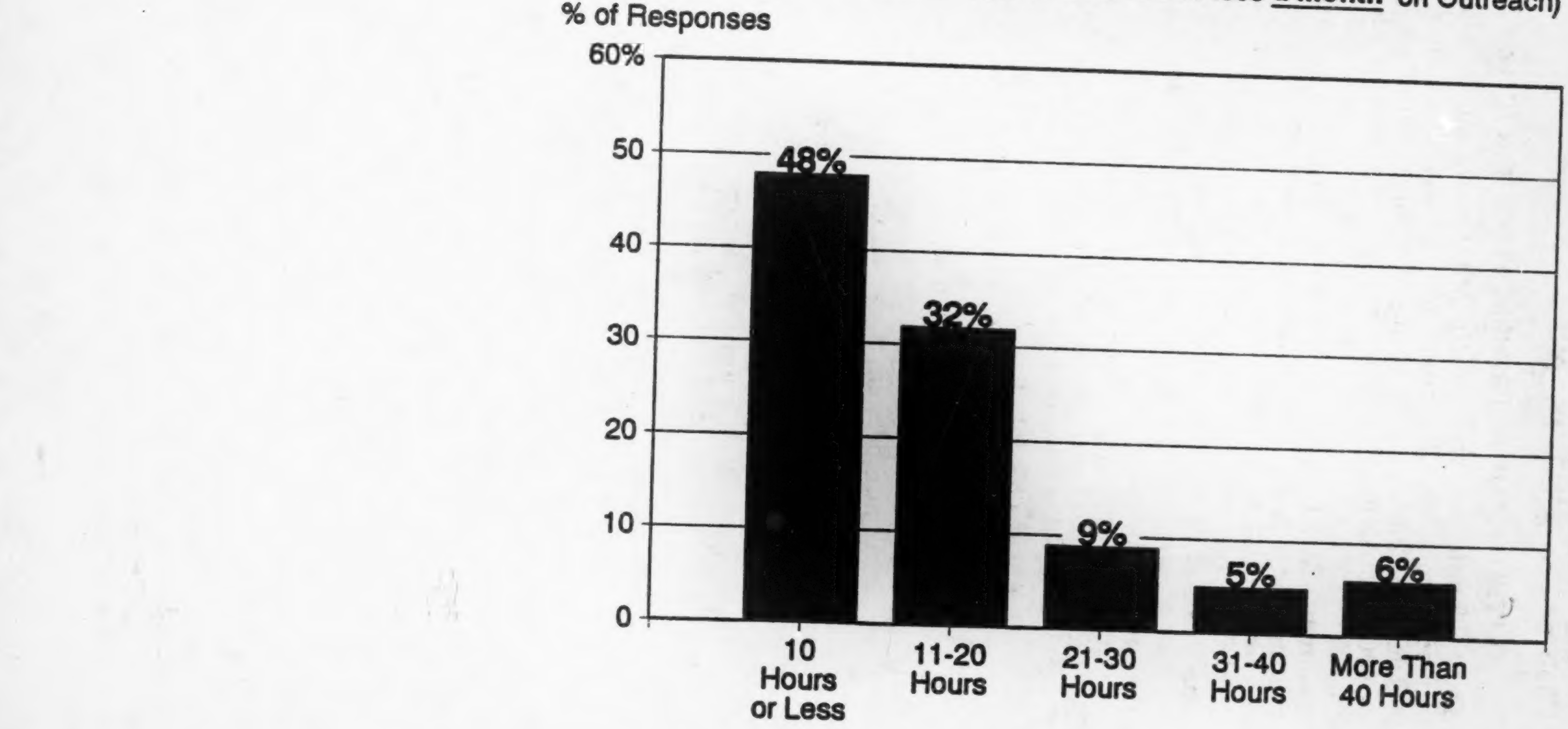
Can Your Office Conduct an Effective SSI Outreach Program with Your Current Staff ?



Source: National Council, Social Security Management Association,
Managers National Survey, February 1990

Average Hours Per Month District Offices Spend on SSI Outreach

(80% of the offices spend 20 hours or less a month on Outreach)



Source: GAO/Sample of 145 District Office Managers

Mr. ROYBAL. Thank you, Mr. Hughes.

The Chair now recognizes Mr. Blaz.

STATEMENT OF REPRESENTATIVE BEN BLAZ

Mr. BLAZ. Thank you very much, Mr. Chairman. You know, it just occurred to me, Mr. Chairman, you're keeping me more active in your Select Committee than in my standing committees. It is a credit to you because just the other day we were talking about Alzheimer's.

My comment, Mr. Chairman, has to do with the benefits that we're talking about here. The other day I mentioned to you when you came to the Alzheimer's problem and the related diseases, how ironic it is that the preponderance of all the related diseases on a per capita basis is in my territory—Parkinson's disease, Lou Gehrig's disease, as well as Alzheimer's—yet we have had very, very little effort in our direction.

In the northern Marianas, which is just about 100 miles north of us, SSI is extended to those people of my race, my kind of people. They're not in my district. They're an entirely different political entity. The recent effort on my part to try to get this thing extended, a certain portion responded that extend that SSI to the American citizens.

It prompted me to say something then, and I will say something then. Cause disruption, Mr. Chairman, when our people died in the Korean War, larger numbers on a per capita basis than any other community. Cause for disruption is when our people died in Vietnam—those are causes for disruptions, and we have evidence in the wall down in downtown Washington to prove that.

I'm here to listen and hope that somewhere along the line someone will be kind enough to cease the disruption of my people and extend the sort of benefits that you extend everywhere else because it isn't fair.

Thank you very much for your time, Mr. Chairman.

Mr. ROYBAL. Thank you. The Chair would now like to recognize Ms. Schneider.

STATEMENT OF REPRESENTATIVE CLAUDINE SCHNEIDER

Mrs. SCHNEIDER. Thank you, Mr. Chairman. I very much appreciate your leadership and calling for this hearing this morning. I have no formal statement that I'd like to submit, but I would like to say that Ms. Donna Jerry, who is part of project SIGN-UP from the Boston, Massachusetts area, her fame has spread well into the State of Rhode Island, which I represent, and so I thank her for her self-initiative in helping us to address this problem. I look forward to the comments of my colleague, Mr. Matsui.

Thank you.

Mr. ROYBAL. Thank you, Ms. Schneider. At this time, if there are no objections, I would like to submit the prepared statements of Marilyn Lloyd and Tom Tauke for the hearing record. Hearing no objections, so ordered.

[The prepared statements of Representatives Lloyd and Tauke follow:]

Statement of Marilyn Lloyd, Chairman
Subcommittee on Housing and Consumer Interests
Select Committee on Aging

"Outreach in the Supplemental Security Income Program: Are the Needy Being Informed?"

A joint hearing of the Select Committee on Aging and the
Subcommittee on Retirement Income and Employment

April 5, 1990

Chairman Roybal and Chairman Hughes, I would like to commend both of you for your leadership in conducting this morning's hearing on outreach in the Supplemental Security Income (SSI) program. Your hearing will certainly underscore the success of this program at providing relief for millions of aged, blind, and disabled Americans. But more than just a pat on the back, I hope we can supply the push necessary to finish the job of finding every citizen -- including many homeless persons -- who are eligible for help under SSI but are not currently getting it.

As you know, about 4.6 million persons of all ages are currently receiving a maximum of $386 per month for individuals and $579 per month for couples, with which they must pay for all of the necessities of living. And if this does not seem like much money for most of us, consider that these SSI beneficiaries are the fortunate ones. Thirty to fifty percent of those whom we believe are eligible for SSI do not participate, with sometimes tragic consequences.

An additional factor that increases the importance of SSI is the linkage that exists with Medicaid and the Food Stamp Program. In many cases, the SSI application serves as an application for Medicaid, and food stamp applications may also be taken by Social Security Administration personnel. If an individual does not know about the SSI program, or can not complete the application, they may also miss the opportunity to participate in these other programs.

Because poverty is not evenly distributed, certain groups in our society are more vulnerable than others. For example, one of nine elderly Whites was poor in 1986, compared to about one-third of elderly Blacks and about one-fourth of elderly Hispanics. Poverty is also much more prevalent among women than men. Nearly three out of four elderly recipients of SSI are women. In my home state of Tennessee, I am sad to say that 25 percent of the elderly live below the poverty level.

It is no wonder that so many needy individuals do not get the help to which they are entitled. The application process that is required to receive SSI benefits is a nightmare and an obstacle for many who are entitled to benefits. The problems include a fifteen page application full of language that would confuse most of us, a system of telephone assistance for people without telephones, busy signal rates at Social Security so high that many people just quit trying, inaccurate information, overworked staff, and the list goes on.

During the previous Administration, Social Security spent hundreds of millions of dollars to improve telephones and computers while the staff was reduced by nearly 18,000. Yet, we know that millions of vulnerable Americans of all ages are not receiving the minimal income, health, and nutrition benefits that Congress intends them to receive. Moreover, previous hearings of this committee have identified other serious service problems at the Social Security Administration.

In light of these facts, I think today is a very good time to talk about reducing the size and complexity of this monstrous application for SSI assistance. In addition, I look forward to discussion about restoring some of the field office positions that have been cut nearly in half. This could allow Social Security to provide more old fashioned face-to-face assistance for people that need this kind of help.

I look forward to working together with my colleagues on the Aging Committee, Commissioner King, and other concerned parties to restore some of these ill-advised staff cuts and to put Social Security back in the business of providing dignified, high-quality service to the public.

Again, I am extremely pleased that Representatives Roybal and Hughes have convened this morning's hearing to review outreach efforts by the Social Security Administration and other private advocacy groups. I would especially like to thank Commissioner Gwendolyn King for appearing today and for making SSI outreach a priority issue during her tenure in office. I look forward to hearing about the progress being made and from the witnesses on how to improve SSI and outreach programs.

STATEMENT FOR THE RECORD
THE HONORABLE TOM TAUKE
JOINT HEARING OF THE SELECT COMMITTEE ON AGING AND
THE SUBCOMMITTEE ON RETIREMENT INCOME & EMPLOYMENT
APRIL 5, 1990

I commend the chairmen for convening this important joint hearing to discuss the shortcomings of the Supplemental Security Income (SSI) program. As you know, many studies have reported that as high as 50 percent of the SSI eligible population do not participate in the program. **Potentially two million poor, vulnerable Americans are not receiving benefits to which they are entitled**. Why? Some suggest that outreach efforts have failed to identify potentially eligible persons. Others contend that there is a stigma attached to SSI -- particularly among the elderly who do not want to accept "welfare." I hope that we will shed light on this perplexing problem today.

The SSI program represents a key link in the federal "safety net." SSI provides poor elderly, blind and disabled with monthly payments of up to $386 (adjusted annually). More importantly for many SSI recipients are the additional benefits to which they may become entitled, namely health coverage by Medicaid and state supplemental payments. When SSI began in 1974, 3.2 million Americans received monthly payments. Today about 4.6 million Americans participate in SSI. While the increase in coverage appears significant, many are concerned that our nation's poor, vulnerable elderly, blind and disabled are underserved and, in effect, denied assistance to which they are entitled.

Recent policies of the Social Security Administration have done little to improve SSI participation. The fact is that while SSA is required to conduct outreach efforts to vulnerable Americans, the agency does not. Two years ago, SSA sent a one-time notice to 7.6 million Social Security beneficiaries who were potentially eligible for SSI. This one-time notice encouraged beneficiaries to contact SSA to apply for SSI payments. What was the result? There were 58,000 awards -- less than one percent. I would not characterize a .7 percent return as a major success.

During a recent hearing, we discussed the impact that SSA's "downsizing" policy has had on the quality of SSA service delivery. I have shared my concerns about service delivery with Commissioner King on several occasions. Problems with teleservice, the elimination of contact stations and other components of SSA's service delivery system have a particularly tough impact on the very groups that SSI should assist. In addition, I am very concerned about the reduction in field representatives. How does the agency intend to conduct outreach without field representatives? According to a survey conducted by the Social Security Managers' Association, **78 percent of field office managers cannot conduct outreach projects**. The General Accounting Office survey indicates that **88 percent of managers believe that there is a need for more outreach to the elderly**. Asked further about SSA outreach efforts, managers indicated that most of their respective offices spend less than 10 hours per month on outreach.

The managers' perspective on SSA outreach efforts is troubling at best. I am deeply concerned about the impact that less and less outreach could have on the rural elderly. The elimination of contact stations and rural community visits surely makes a significant impact on SSA's attempts to "spread the word" on SSI. With the severe cutback of field representatives, it is no wonder that outreach has all but stopped.

I am particularly interested in learning about SSA's new SSI Outreach Task Force. Commissioner King is to be commended for initiating this important program.

While the primary focus of our hearing this morning will be on non-English-speaking populations and the homeless, I would point out to the committee that rural Americans face unique barriers to services and benefits. Today, there are more people aged 85 and older proportionally in Iowa than in any other state. Demographics tell us that the oldest old are likely to be widows, living alone, and they have likely outlived their savings. Thus, many of the oldest, old are poor or near poor.

I look forward to the testimony this morning.

Mr. ROYBAL. The first witness to appear before us today is a gentleman from the State of California. In fact, he represents the Third District of that State. He is also a member of the Ways and Means Committee. This is one of the reasons, and the main reason, Mr. Matsui, why we're delighted to have you present to state your views with regard to this subject matter. Would you please proceed in any matter that you may desire?

PANEL ONE, CONSISTING OF THE HONORABLE ROBERT T. MATSUI, A MEMBER OF CONGRESS FROM THE THIRD DISTRICT OF CALIFORNIA; MARY ROSE GERDEZ, ACCOMPANIED BY MARIA FOSCARINIS, DIRECTOR, NATIONAL LAW CENTER ON HOMELESSNESS AND POVERTY, WASHINGTON, DC; AND THE HONORABLE GWENDOLYN S. KING, COMMISSIONER, SOCIAL SECURITY ADMINISTRATION

STATEMENT OF THE HONORABLE ROBERT T. MATSUI

Mr. MATSUI. Thank you very much, Mr. Chairman. I'd like to thank you and, of course, the members of the Subcommittee for holding this hearing today. I think it is probably the most important kind of hearing that we could have in the whole SSI area at this particular time. I have a written statement that I'd like to submit for the record, and I have a shorter version of it that I'd like to proceed ahead with, if I may.

Mr. ROYBAL. Without objection, your written statement will appear in the record in its entirety. You may proceed.

Mr. MATSUI. Mr. Chairman and members of the Committee, last year Congress enacted an outreach program for disabled and blind kids under SSI. Under the law as passed the SSA must now work with local school systems and public and private social service agencies to make information available to families with children whose disabilities make them eligible for SSI benefits.

This outreach provision has particular importance in light of the Supreme Court's ruling earlier this year in Zebley v. Department of Health and Human Services. The court found that SSA was using a harsher standard to judge the disability of children than that used for adults or than Congress had originally intended.

As a result of the court's ruling, SSA must now focus on the children's capacity to perform activities normal for their age. As a result of the Zebley ruling, tens of thousands of children may now be eligible for SSI benefits that they were not eligible for prior to the ruling.

This year, the Miscellaneous Human Resources Amendments (H.R. 4229) offered by Chairman Downey includes a provision from H.R. 866, which I introduced last year to require SSA to conduct outreach to the general SSI population.

Congressman Stark and I will be introducing the Homeless Outreach Act of 1990. Senator Riegle from Michigan introduced the Senate companion bill on March 20. The bill was endorsed by a long list of groups ranging from the National Mental Health Association, to Catholic Charities U.S.A., to the National Law Center on Homeless and Poverty. This measure will complement a proposal by Congressman Downey, regarding SSA outreach to the homeless that Congressman Downey will offer when the Human Resources Subcommittee takes up H.R. 4229.

In concert, these two proposals will establish a comprehensive program not only to reach the homeless, but to ensure that they continue to receive benefits and have access to other services and programs to which they are entitled, like food stamps and Medicaid.

The legislation requires SSA to conduct ongoing outreach to homeless individuals through visits to soup kitchens, shelters, day centers, and other places frequented by the homeless, and providing assistance to homeless individuals in completing and filing application for benefits and, further, assisting in making appointments for necessary medical examinations which may be required.

SSA would be required to work to avoid the inappropriate suspension of benefits for these people. Many homeless individuals have their benefits cut off because the local SSA office was unable to contact them through the mail or telephone or through traditional means. Under this bill, SSA would have to restore their benefits immediately and, in instances where an appeal is filed, help the homeless person actually file the appeal itself.

The bill also provides for expedited consideration of the homeless person's application. If SSA cannot make an eligibility determination within 30 days, a homeless person would become eligible immediately for benefits on the 31st day and would receive benefits back to the date of application. SSA could award grants to States, local governments, or nonprofit organizations to actually conduct the outreach services. This type of partnership has proved to be very effective in locating and assisting individuals who are due the SSI benefits and our homeless.

Finally, SSA would have to provide training and assistance to public and nonprofit agency staffs on benefit eligibility rules and procedures for establishing and maintaining the eligibility itself.

Advocates estimate there are up to 3 million homeless people in America. Of this number, a significant proportion are elderly, blind, or disabled. Approximately 25 percent of the homeless population suffers from mental disabilities, 10 percent are physically disabled, and 20 percent are elderly. An estimated 1.32 million individuals would actually benefit from this legislation.

During the months of May through July 1989, the American Association of Retired Persons funded an SSI outreach program in Sacramento. The organizations working on this project found it to be so successful and necessary that they extended the program through November with their own funding. AARP estimates that during the 3 months of the project, applications increased by 40 percent, and SSI benefit awards increased by 32 percent. Advocates in Sacramento believe the success rate was even higher.

In Sacramento, we found that the largest obstacle was the lack of knowledge among people who were eligible for SSI benefits. Many individuals had never heard of the SSI program, and those who did know about the program had no idea that they, in fact, would be eligible. Through newspapers, television, walking the streets, and passing out literature organizers were able to turn this unfamiliarity around. Sponsors of the program have noticed a drop off in benefit applications since the program ended in November and are now seeking funds to start this program up again.

The lesson we have learned from the Sacramento program and others is simple: outreach, in fact, does work. Now our challenge is to make it a regular part of the SSI application process. While the Sacramento outreach project was tremendously successful, these local projects cannot take the place of a national effort to publicize these very important benefits—benefits that could mean the difference between being housed and being homeless.

I am encouraged by the passage of the outreach program for the disabled, the blind, and children, and by Chairman Downey's willingness to include the two outreach provisions in the legislation to be considered by our Subcommittee. It is imperative that Congress act expeditiously in putting these outreach programs in effect.

Let me just conclude, Mr. Chairman, and members of the Committee that we passed these benefits in the Congress, the President supports these benefits, HHS supports these benefits, but unless the public that would gain from these benefits actually learns about them, these benefits become meaningless.

The only way we're going to be able to reach out to those who don't have traditional sources of information, such as people like ourselves, is by actually getting out there and visiting soup kitchens, shelters, and places where the homeless people are. They don't watch television. They certainly don't read the newspaper. They don't have access to radio. As a result, they really don't have access to many of the benefits and services that you and I take for granted.

I'd be happy to answer questions.

[The prepared statement of Representative Matsui follows:]

STATEMENT OF THE HONORABLE ROBERT T. MATSUI

MEMBER OF CONGRESS

THIRD DISTRICT, CALIFORNIA

BEFORE

THE HOUSE SELECT COMMITTEE ON AGING

AND

THE SUBCOMMITTEE ON RETIREMENT INCOME AND EMPLOYMENT

APRIL 5, 1990

I want to thank both Chairman Roybal and Chairman Hughes for this opportunity to appear before the panel today to speak about outreach to individuals who are eligible for Supplemental Security Income benefits.

Over the years, I have introduced several bills to increase efforts to provide information about the SSI program to homebound individuals, homeless individuals, and children. Last year, Congress enacted a provision that requires SSA to conduct an ongoing program of outreach to children who are potentially eligible for SSI benefits. SSA now must work with agencies and organizations, including school systems and public and private social service agencies that focus on the needs of kids, to make information available to families with children whose disabilities make them eligible for SSI benefits.

This outreach provision has particular importance in light of the Supreme Court's ruling earlier this year in *Zebley v. Department of Health and Human Services*. In *Zebley*, the Court ruled that the disability test used by SSA for determining SSI eligibility for children was more severe than the standard applied to adults or than Congress had originally intended.

SSA regulations had permitted SSI benefits only if a child suffered from a condition included in or equal to SSA's specific listings of impairments. The Court ordered SSA to start giving "individualized functional" assessments to children as well, focusing on children's capacity to perform activities normal for their age. As a result of the *Zebley* ruling, tens of thousands of kids may now be eligible for SSI benefits.

Each year, some 100,000 children apply for SSI benefits. At least half of these kids are turned down by SSA for a number of reasons, one of them being a failure to meet the listings of impairments. In the wake of the *Zebley* decision, advocates for disabled kids estimate that one third of the 50,000 children denied SSI will now receive these benefits.

Thanks to the Court's ruling, close to 250,000 children who have been denied benefits will be allowed to have their cases reopened to see whether they now meet the eligibility requirements for SSI benefits.

This year, Ways and Means Subcommittee on Human Resources Chairman Tom Downey has included a provision to require SSA to conduct outreach to the general population in a larger package the Subcommittee is considering, H.R. 4229, the Miscellaneous Human Resources Amendments. Under this provision, which originally was part of H.R. 866, the SSI Benefit Improvement Amendments of 1989, SSA would have to do an annual mailing to the eligible population to notify them of the availability of benefits.

This measure will allow millions of people to take advantage of a program they don't know exists or is available to them. There are an estimated 4.5 million people who receive SSI benefits. Studies have found that this population represents only a portion of those who are eligible for the program; it is estimated that only 50 to 60 percent of those over 65 years old and eligible for benefits participate.

Knowing about the program often is not enough. Many people don't know whether they are eligible, where to go to apply for benefits, and what SSI eligibility means for them. One survey found that only 39 percent of low-income seniors knew that SSI eligibility entitled them to medical care under the Medicaid program.

Today, I am introducing a bill to require SSA to conduct outreach to homeless individuals who may be eligible for SSI benefits and to assist these people in obtaining and retaining their benefits. An estimated 1.3 million people would benefit from this type of outreach. According to the National Institute of Mental Health, in some cities fewer than 10 percent of eligible homeless people receive SSI benefits.

This measure will complement a proposal that Mr. Downey will offer when the Human Resources Subcommittee considers H.R. 4229 later this spring. I want to congratulate my colleague for recognizing this critical need and putting forth a proposal to fill this missing link. In concert, these two proposals will establish a comprehensive program not only to reach the homeless but to ensure that they continue to receive the benefits and have access to other services and programs to which they are entitled, such as food stamps or health care.

In 1987, Congress took a step toward trying to reach homeless individuals who may be eligible for SSI and other benefits through a provision enacted as part of the budget reconciliation package. This provision established a demonstration outreach project to the homeless to help overcome the barriers they face in applying for benefits. Our intent was to assist homeless people in applying and receiving SSI benefits, food stamps, and medical care.

This demonstration project never was implemented by SSA. The agency argued that Congress did not appropriate money for this purpose and that they already were doing outreach to the homeless population. In response, the National Law Center on Homelessness and Poverty, along with Rep. Pete Stark, and a number of other plaintiffs, filed a lawsuit against SSA and the Department of Health and Human Services for failing to implement the demonstration project.

In February, a federal judge ruled in favor of SSA and HHS, determining that Congress was not clear it its direction and therefore SSA was justified in not implementing the outreach program. Currently there is no requirement that SSA conduct outreach to the homeless.

The legislation I am introducing today, and which has already been introduced in the Senate by Sen. Don Riegle, will fill the gap the Court found. It would put into law the requirement that SSA not only identify homeless individuals who may be eligible for SSI, but that the agency help guide these people through the sometimes long and confusing path to receiving these and other benefits. This bill would require SSA to conduct ongoing outreach to homeless individuals through visits to soup kitchens, shelters, and day centers and other places frequented by the homeless. The agency also must provide assistance to homeless individuals in completing and filing applications for benefits, and must provide assistance in making appointments for any necessary medical examinations.

SSA would have to provide assistance to homeless individuals to prevent the inappropriate suspension of benefits. Many homeless individuals have their benefits cut off because the local SSA office was unable to contact them through the mail or by telephone. Under this bill, SSA would have to restore these benefits immediately, or in instances where an appeal is filed, provide the homeless with the necessary support in seeking an appeal.

Homeless individuals applying for SSI benefits would receive expedited consideration of their application. If SSA is unable to make an eligibility determination within 30 days, the homeless person would become eligible immediately for benefits on the 31st day of application and benefits would be paid back to the date of application.

This bill also would allow SSA to award grants to state, local governments, or non-profit organizations to conduct the outreach efforts. In many communities, these types of partnerships have been highly successful.

For example, in Sacramento we were fortunate to have the American Association of Retired Persons fund an outreach project during May, June, and July of 1989 to reach homeless and homebound people who were eligible for benefits. During the months of the project, SSI applications increased by 40 percent and benefit awards increased by

32 percent. Advocates in Sacramento believe the success rate is even higher.

The Legal Center for the Elderly and Disabled, which spearheaded the Sacramento effort, decided that three months was not long enough to conduct an outreach program, so they managed with very little money, to continue the outreach efforts until November. The Legal Center is now seeking funds from the Department of Health and Human Services to fund a continuing outreach program to eligible homebound and homeless individuals in Sacramento. It is also important to note that they have seen a drop in applications since the outreach project concluded.

The Sacramento outreach effort brought together a diverse range of organizations, including County Commission on Aging, United Way, Urban League, American Red Cross, and the local Social Security Administration office. These and other groups worked together to go out onto the streets and into shelters and soup kitchens to hand out leaflets and information about the SSI program.

Although there are millions of people who would gain from receiving these important benefits few of them know of the program or that they are eligible. There are presently 4.4 million SSI recipients. Studies of this program estimate that the participation rate for individuals 65 years and older in the SSI program is somewhere between 50 and 60 percent.

Organizers of the Sacramento outreach project estimate that at the outset as many as 10,000 people living in Sacramento were not receiving the monthly SSI payment to which they were entitled.

This fact is more clearly illustrated when you consider the story of one women who was helped by the project. The woman was in her late 50's and had terminal cancer. She read about the outreach project in the paper and went to do the office of the Legal Center to inquire. She did not believe that she would be eligible, but felt it was worth her while to at least inquire.

The woman was living with her son and had no income, was not receiving Social Security benefits, and was not even receiving MediCal. In fact, the doctors who were treating her cancer were waiting to see if she would qualify for Medicaid before they began to bill her. The advocate who she spoke with took the woman's medical records and made an immediate determination of disability. The following day the woman received a check for $400, pending approval of permanent benefits. She was approved for benefits, and was determined to be retroactively disabled. The woman is now living on her own in a small apartment and receiving a monthly check that enables her to maintain her independence. The fact is, outreach works!

Many homeless individuals that the advocates involved in the project spoke with said they had gone to the SSA office to inquire of benefits and had been told they were ineligible because they had no permanent address. The outreach workers filed applications for these individuals and were able to obtain their SSI benefits for them.

However, this type of privately funded outreach project should not be the only answer to the question of increasing awareness of benefit availability.

The National Law Center on Homelessness and Poverty estimates that as many three million Americans are homeless. As many as 55 percent of the homeless may be eligible for a modest amount of federal assistance under the SSI program because they are elderly, physically handicapped, or mentally ill. According to the National Institute of Mental Health, only 10 percent to 30 percent of homeless individuals actually receive the benefits to which they are entitled.

While the Sacramento outreach project was tremendously successful these local projects cannot take the place of a nationwide effort to publicize the availability of these important benefits -- benefits that can mean the difference between being housed and homeless. I am encouraged by our victory last year to conduct outreach to disabled and blind children, and by Chairman Downey's willingness to include the two outreach provisions in the legislation to be considered by the Human Resources Subcommittee. It is imperative that Congress act expeditiously in putting into place these outreach programs. I thank the Chairmen for the opportunity to appear before the Committee and Subcommittee.

[The following material was subsequently received from Representative Matsui:]

ROBERT T. MATSUI
THIRD DISTRICT, CALIFORNIA

COMMITTEE ON
WAYS AND MEANS

SUBCOMMITTEES
TRADE
HUMAN RESOURCES

WHIP AT LARGE

DEMOCRATIC STEERING
AND POLICY COMMITTEE

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July 3, 1990

The Honorable Edward Roybal
Chairman, House Select Committee on Aging
712 House Annex I
Washington, DC 20515

Dear Mr. Chairman:

It was my great pleasure to be able to appear before the Select Committee on Aging to discuss the Social Security Administration's efforts to conduct outreach to potential recipients of Supplemental Security Income benefits and my bill, the Homeless Outreach Act of 1990 (H.R. 4548).

Below are answers to the questions posed to me on the impact and importance of outreach to SSI eligible populations.

*** Impact of _Zebley v. Department of Health and Human Services_ on the outreach efforts of the Social Security Administration.**

The _Zebley_ decision represents a tremendous opportunity for thousands of children who were previously denied benefits. It is estimated that if SSA looks back to 1980, some 400,000 children will potentially be eligible for SSI benefits. However, unless the Social Security Administration makes an effort to seek out these children, the ruling will have little impact.

Last year, Congress enacted a provision to require SSA to conduct outreach to disabled and blind children. The _Zebley_ ruling makes this provision all the more important.

I am concerned that one result of the _Zebley_ decision will be to further stretch this already understaffed agency. As you know, SSA has lost more than 40 percent of its clerical support in recent years. Many managers are now performing support work and neglecting their caseloads. I applaud the efforts by the Chairman and members of the Aging Committee to seek increased funds for the Social Security Administration for staffing purposes. An increase of $120 million for SSA would ease the staffing shortages experienced by the agency.

The ability of individuals to receive their benefits and assistance, or even basic information, is significantly impaired by the tremendous staff shortage with which SSA is presently faced. This staff shortage is paid for in many ways, such as administrative and clerical errors in applications which may lead individuals who should be receiving benefits to be denied eligibility.

THIS STATIONERY PRINTED ON PAPER MADE WITH RECYCLED FIBERS

*** Past outreach efforts by the Social Security Administration.**

In the past the efforts by the Social Security Administration to have been half-hearted as best. As I noted in my testimony, close to half of eligible seniors are not participating in the SSI program. In Sacramento, the advocates who conducted the outreach program there found that the majority of the people they reached did not know about the SSI program and if they were aware of the program, they did not believe they would be eligible for benefits. Greater outreach by SSA would correct both these problems.

SSA's efforts have been particularly inadequate with regard to reaching out to minority populations. One reason the Sacramento outreach project was so successful was that they involved people from a broad range of backgrounds and groups in their efforts. They aired public service announcements in several languages, published ads in Latino, black, Japanese- and Vietnamese newspapers, and worked with local church and community groups. They even had an SSI fact sheet translated into Tagalog so Filipino applicants would understand the program.

Not only is it critical that outreach efforts be undertaken to reach various populations, such as the homeless and minorities, but these efforts must be undertaken with the special needs of these constituencies in mind.

I am encouraged by Social Security Commissioner Gwendolyn King's recent statements and testimony that SSA should be doing more to locate and inform the homeless about the SSI program and other benefits they may be entitled to. I hope these statements will be followed up with actions to fulfill this commitment.

*** Special problems faced by the homeless in applying for SSI benefits.**

Because they have no permanent place of residence, the homeless are not as easily sought out as the general population. Additionally, many homeless individuals are reluctant to make themselves known or available to SSA representatives.

Outreach efforts to the homeless require a more active role than SSA has played in the past. In general the best way to reach people is to go to them, and this is particularly true of the homeless. In order to find these individuals it will be necessary for SSA to conducts visits to soup kitchens, homeless shelters, day centers, and other places that homeless or near-homeless individuals congregate.

As I mentioned in my statement, the organizers of the Sacramento outreach effort found that the greatest barrier to eligible individuals receiving SSI benefits was the lack of information about the program and their potential eligibility. Homeless individuals do not have as ready access to traditional modes of communication, such as television or newspapers. The most effective way in which to reach these individuals is through actually visiting them and explaining the program.

It is my expectation that by putting into place a comprehensive outreach program, SSA will be able to prevent some people from falling into homelessness.

*** How will the Homeless Outreach Act of 1990 (H.R. 4548) help increase SSI participation.**

This legislation will send outreach workers to the areas where they will most likely find homeless people who may be eligible for SSI benefits. In addition to seeking these individuals out, SSA will be required to assist them in filling out and filing their applications for benefits. SSA also would be required to tell the applicant of his or her potential eligibility for other programs, such as Medicaid and Food Stamps.

H.R. 4548 also would require SSA to assist a homeless individual in making and getting to the necessary appointments for medical check-ups and other examinations required by SSA.

Another issue we have tried to address is the inappropriate suspension of benefits that often occurs with regard to homeless individuals. In many instances, a homeless person has his or her benefits suspended because SSA was not able to get in contact with that individual through the mail. This bill would require that before SSA may reduce, suspend, or terminate anyone's SSI benefits due to a lack of cooperation or an inability to find the person, the agency must attempt to make personal contact with the individual.

Finally, homeless individuals applying for SSI benefits would receive expedited consideration of their application. If the individual is not determined to be eligible for SSI within 30 days, their benefits would start up immediately on the 31st day, and would be payable back to the date the person filed an application.

Thank you again for the opportunity to testify before the Committee. I look forward to continuing to work with the Committee on the important issue of outreach to SSI beneficiaries.

Sincerely,

Bob

ROBERT T. MATSUI
Member of Congress

RTM:ak

Mr. **Roybal.** Congressman Matsui, we're going to try to limit the questions as much as possible. What we'd like to do is submit questions to you in writing and then have you submit them for the record. Now there is one question that I have. That is with regard to the Zebley decision and what affect that has had. I'd like to have you elaborate on that so that we can place it in the record.

Are there any questions that have to be asked at this time? If not, Mr. Matsui, we'd like to thank your for your testimony. You will be hearing from us.

Mr. **Matsui.** Thank you, Mr. Chairman and members of the Committee.

Mr. **Roybal.** The next witness is Ms. Mary Rose Gerdez. Is she present? She's accompanied by Maria Foscarinis.

STATEMENT OF MARY ROSE GERDEZ, ACCOMPANIED BY MARIA FOSCARINIS

Ms. **Foscarinis.** I have a written statement which I would like to submit for the record.

Mr. **Roybal.** Without objection, it will be received.

Ms. **Foscarinis.** I also have a report prepared by the National Law Center called "Social Security: Broken Promise to America's Homeless." I'd like to submit that also.

Mr. **Roybal.** All right. That will also be a part of the record.

[See Appendix, p. 172 for report submitted by Ms. Foscarinis.]

Ms. **Foscarinis.** Thank you. I'd like to say a few words in introducing the main witness.

Mr. **Roybal.** You may proceed.

Ms. **Foscarinis.** There are hundreds of thousands of homeless Americans who are now elderly, disabled, or mentally ill. They are suffering the most extreme deprivations imaginable. Many have spent a lifetime working, and many would still like to work, but they can no longer support themselves.

In this hour of need, they deserve and they are entitled to a helping hand. But the Social Security Administration has not only turned its back on them, it has viciously abused them.

Last night, I was at the shelter on 2nd and D Streets here in Washington. I met with Frank Pruden, who is a homeless man who suffers from severe asthma. He is no longer able to work. So far he has also been unable to obtain Social Security benefits. He spent several years living on the streets—and on heat grates—here in Washington. He is now living at the shelter.

Earlier in the day, I was at the Downtown Cluster of Congregations, where I met with Mary Rose Gerdez. She is physically and mentally disabled. She was also denied Social Security benefits three times while living at a shelter for homeless women. Both Mr. Pruden and Ms. Gerdez are here with me today.

Julie Turner, their social worker, who is now doing the Social Security Administration's job for them, is also here on my left. Mary Rose Gerdez will summarize for the Committee the story of her ordeal. Both she and Mr. Pruden have suffered a great deal over the past few years. They have certainly suffered more than any citizen of the United States should suffer in the last decade of the 20th century.

They have agreed to share their experience with this Committee. Ms. Gerdez will testify orally, and Mr. Pruden will submit a written statement for the record.

I know that it is painful for them to relate these experiences, but they have agreed to do so in the hopes that they may help prevent the suffering of others. I'd like to introduce Mary Rose Gerdez.

[The prepared statement of Ms. Foscarinis follows:]

Testimony of
Maria Foscarinis, Director

National Law Center on Homelessness and Poverty

Before the
House Select Committee on Aging
United States House of Representatives

April 5, 1990

My name is Maria Foscarinis. I am the director of the National Law Center on Homelessness and Poverty, a not-for-profit national advocacy organization for the homeless and poor based in Washington, D.C.

The National Law Center recently released a report entitled "Social Security: Broken Promise to America's Homeless." That report -- which is being submitted for the record -- documents the need for outreach to homeless persons across the country. It also describes the Social Security Administration's neglect -- and abuse -- of the nation's homeless and poor over the past decade. This testimony summarizes the major conclusions of the report.

Right now, hundreds of thousands of elderly and disabled homeless Americans are not receiving social security benefits to which they are legally entitled. These benefits could provide a means out of homelessness. Yet, while over 50% of all homeless persons are potentially eligible, the federal government's own studies reveal that in many cities across the country, only a small percentage actually receive benefits.

National Need for Outreach

Recent research, conducted under the auspices of the National Institute of Mental Health, provides the following information:

o A 1985 Boston study found that only 21% of mentally disabled homeless persons received any kind of government benefits at all, including SSI.

o A 1985 Milwaulkee study found that only 13% of mentally disabled homeless persons received SSI benefits.

o A 1986 Los Angeles study found that although about 30% of the homeless population suffered from mental illness, fewer than 9% of the population received SSI benefits.

o A 1986 Detroit study found that only 30% of mentally-ill homeless persons admitted to a state psychiatric hospital were receiving SSI benefits.

Providers of services to homeless persons across the country confirm that outreach to assist homeless persons in applying for and receiving social security benefits is both lacking and badly needed.

o In Chicago only about 45% of the homeless population receives any public benefits at all.

o In Minnesota only 7% of all homeless persons receive any benefits -- including SSI -- under the Social Security Act.

o In Massachusetts only about 25% of eligible homeless persons are able even to apply for benefits under the Social Security Act.

o In Michigan "[m]any of the homeless are unaware of services to which they are entitled .. [and] the snare of red tape often encountered in the application for services serves as a sufficient deterrent for many," according to a 1986 report by the Human Services Cabinet Task Force on the Homeless.

o In Washington, D.C. the sole outreach available is being conducted by non-profit groups, including church organizations.

These statistics, while disturbing, are not surprising. Application for benefits under the social security program requires completion of a 12 page form. In addition, medical examinations are required for persons claiming a disability. Even if benefits are successfully obtained, maintaining those benefits requires ongoing compliance with additional requirements, including responses to written inquiries -- sent by mail -- from SSA and appointments with SSA employees of SSA offices.

For homeless persons, particularly those suffering from mental disability, these requirements often present insurmountable barriers:

o Homeless applicants may be unable to afford transportation to the SSA office to obtain an application form, to telephone for a medical appointment, or pay for the travel to a doctor's office or clinic.

o Illiterate homeless applicants may be unable to read the application forms.

o Mentally ill homeless persons may be unable to comprehend or respond to the information requested in the forms.

o All homeless persons -- living in shelters or on the streets -- may be unable to collect the required supporting documentation.

And like all applicants, homeless persons may be unable to complete the form without assistance.

In New York City, federal, state and local officials make regular visits to shelters, provide information on benefits, assist with applications, and accompany applicants to needed medical examinations. According to project officials, this effort is very successful: 62% of homeless applicants have been approved for benefits.

Despite the evidence that outreach does work -- and could relieve the misery of hundreds of thousands of homeless Americans -- the federal government has deliberately refused to conduct outreach on a national level. In 1987, Congress passed a law -- modeled on the New York City program -- directing SSA to implement an outreach demonstration program. But following a series of internal memoranda discussing the issue, SSA deliberately decided not to implement the new program.

This decision is consistent with SSA's past role in causing homelessness: In the early 1980's, SSA initiated a policy aggressively to review -- and often illegally to deny -- disability benefits. As a result of these policies, many poor persons were forced into homelessness: local officials in New York City, Denver and Columbus, Ohio have documented a causal connection between disability termination and increases in the homeless populations of those cities.

The Homeless Outreach Act, recently introduced in the Senate, and being introduced in the House today, would redress some of these failures.[1] This act would require SSA to conduct outreach to assists homeless persons in obtaining benefits to which they are already legally entitled. The Act would require SSA to:

o Regularly visit shelters to explain benefits and assist homeless persons in applying for benefits.

o Assist homeless persons in scheduling, and traveling to, medical examinations.

o Expedite consideration of applications by homeless persons.

o Assist homeless persons in obtaining related benefits -- including food and medical care.

Passage of this Act would be a critically important step in helping the most vulnerable homeless persons receive benefits they are entitled to and desperately need. More important, it could provide a route off the streets -- and into permanent housing. Help in meeting this most basic need is the least that elderly and disabled homeless persons deserve.

I call upon the members of this committee to support this bill and to do everything possible to ensure its expeditious consideration and passage.

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[1] The Senate bill, S. 2307, is being sponsored by Senators Riegle (D-MI), Gore (D-TN), Kerry (D-MA), Hatfield (R-OR) and Kennedy (D-MA). Representatives Matsui (D-CA) and Stark (D-CA) are initial sponsors of the House bill. To date, 48 organizations have endorsed the bill.

Ms. **Gerdez**. My name is Mary Rose Gerdez, and I am a recovering alcoholic and drug addict. I used these drugs for 24 years of my life, and most of the time I spent in hospitals and detoxification units. I drank myself into ulcers and pancreatitis. I've worked all of my life. I supported myself in spite of this illness.

I had a real terrible time going through the Social Security system. I did come to a point in my life where I was very sick and unable to work, and my health failed physically and mentally, but I continued to seek out work and would fill out applications and call in, but when it came time to go to work, I'd always have to call in and say that I was sick and couldn't make it. I stopped trying, and I put myself in a community mental health center, and they told me that I was a mess, and there was no way I should go out there and try to continue seeking work, that they would help me to get onto welfare.

Sometime later, the welfare people sent me a letter saying that I should go to SSI and apply for SSI. They also gave me a form to fill out that I really didn't understand, but I did fill it out the best I could. Three days later, I got a letter from them saying that I was not eligible, and I was denied this help.

Since I wasn't able to work, I had to give up my apartment. I stayed at a shelter for about a year, Lutheran Place Shelter, and later I stayed in a group house. It was pretty bad. I felt like I fell back into a trap where the very same thing that I had made myself sick from—the alcohol and drugs—they were very rampant in the group house. It put me in a very bad mental state.

Then, about a year or so later, I met a social worker at the Presbyterian Church, and he told me I could reapply for SSI, which I didn't know how to go about or do. He was a tremendous help. He spent a lot of time with me, and he helped me fill out forms. He gave me tokens to get there and back. He was very supportive. It was hard to believe that anyone really would take their time and help me as much as Luke did. He was very kind and very supportive.

Through Luke's help I did get SSI, and I got a check for $232 a month and a small retirement check for $180 a month. All together, I get a check for $412 a month.

I live now at the Shalom House. I have my own apartment, and I pay $112 a month rent. I have a phone bill of about $17 a month, and I'm paying off a pretty heavy dental bill. I have my own little efficiency where I can cook the proper diet for my condition, and I can take a bath. I just put $400 away in the bank. For the first time in my life I feel a little more secure.

Mr. **Roybal**. Thank you very much. Ms. Foscarinis, who else is either going to testify or submit in writing any testimony?

Ms. **Foscarinis**. Well, Mr. Pruden is here. If the Committee wishes, he can testify, or he can submit his statement in writing.

Mr. **Roybal**. If he would submit the statement in writing, we would appreciate it.

[The prepared statement of Mr. Pruden follows:]

Statement of Frank M. Pruden

I became homeless when my father put the house up for sale because he couldn't pay the bills.

Before that I was working two jobs to support my family.

But then I had an asthma attack on the job. I always had asthma, but this was a very bad attack. I had to go to the hospital. When I got back, I was fired from my job.

I looked for another job. But because I was sick, I couldn't keep any job.

I started living in the street. I went from shelter to shelter. But the smell was so bad I couldn't breathe. I started staying outdoors because that was the only way I could breathe.

I did this until I found out about the shelter at 2nd and D which has ventilation. Then I started staying there.

In January 1988, I went to social security. I went by myself and filled out the forms. Then they sent me a form to go to their doctor. I went to the doctor. Then a month later I got a letter saying they denied my social security. I couldn't understand why. I didn't know I could appeal.

So I went and found a job. I had to because I had no money. But again, I kept getting asthma. I couldn't go to work when I was sick. My boss said I had to leave. I haven't worked since.

I met Julie Turner in January at the Church where I go to eat every morning.

She helped me to apply for public assistance. I didn't know about it until she told me. I started getting it -- $258 a month, but it only lasts for 3 months. It's not enough to get me out of the shelter. Not even a room.

Julie told me I could apply for social security again. I didn't know that. She filled out the papers for me because I couldn't understand them.

She also helped me go to the physical. She told me where to go and she gave me tokens. She was a big helping hand since I met her.

I haven't heard back from social security yet.

I'm still at the shelter. But if I get the benefits I can move out. Julie has said she can help get me into housing.

If I can do that, maybe I could get training to learn a new job.

Then I'd be okay.

Mr. **Roybal**. Thank you very much. Are there any questions? Mr. Hughes?

Mr. **Hughes**. I'd just like to know why you were turned down the first time? Was any reason given? Did you provide any additional information on your second or third application for SSI that was not on your first?

Ms. **Gerdez**. I think they said that I didn't have enough information. I was very confused about the form.

Mr. **Hughes**. You tried to fill it out yourself the first time?

Ms. **Gerdez**. Yes.

Mr. **Hughes**. Did you understand the questions on the form generally?

Ms. **Gerdez**. No, I didn't.

Mr. **Hughes**. Okay. That's all I have. Thank you very much.

Mr. **Roybal**. Mr. Tauke?

Mr. **Tauke**. Thank you, Mr. Chairman. I guess I have two observations. Before I came to Congress, one of the things I did for a period of time was head a project known as project SSI alert in 1974, when SSI was first established, and I headed it in a five-county area in Eastern Iowa. We found two things among the senior citizens who were eligible for SSI. One was that there were many of them who usually lived alone, who were unaware that there was such a program, who were too afraid, embarrassed, whatever, to ask about it, and they never heard about it. The second problem was that so many who did couldn't get through the paperwork and the application forms in order to be able to get the assistance.

I appreciate your testimony because you highlight these problems. I think that's why we're here, to see what we can do to once again make a national effort to try to get those who are eligible for the assistance, make certain that they have access to that assistance. So thank you.

Mr. **Roybal**. Mr. Blaz?

Mr. **Blaz**. No questions.

Mr. **Roybal**. I have just one follow-up question to that of Mr. Hughes. At the time that you applied the first time, did you get any help from anyone in that office in the filling out of your application?

Ms. **Gerdez**. No. They just gave me the application and said, "fill it out."

Mr. **Roybal**. Then they were not very helpful, were they?

Ms. **Gerdez**. No.

Mr. **Roybal**. And they were not very friendly?

Ms. **Gerdez**. No. I was very frightened because I didn't understand the questions.

Mr. **Roybal**. Sure. But no one there tried to help you at all?

Ms. **Gerdez**. No, sir.

Mr. **Roybal**. Now the second time someone did help you, and you were able to get it?

Ms. **Gerdez**. No.

Mr. **Roybal**. What—

Ms. **Gerdez**. I applied again twice after that.

Mr. **Roybal**. Twice after that?

Ms. **Gerdez**. Twice. I would get a letter saying that I was denied.

Mr. **Roybal**. All right. Then you were turned down three times all together?

Ms. **Gerdez**. Yes.

Mr. **Roybal**. Well, you were turned down twice, and then the third time you received the benefit. Is that about correct?

Ms. **Gerdez**. When I went into the shelter, I met a social worker.

Mr. **Roybal**. Yes.

Ms. **Gerdez**. And then I got support from him.

Mr. **Roybal**. All right. But you were turned down at least twice, and at each time you did not receive any help from the office to which you made the application. Is that correct?

Ms. **Gerdez**. That's right.

Mr. **Roybal**. All right. Thank you. I'd like to thank you all very much for your testimony. We will read the gentleman's written statement. If there are any questions, we will try to submit them in writing. I don't think that there will be any at this point, but we appreciate what you've just told the Committee. It is a great help. Thank you very much.

Mr. **Roybal**. The next witness is someone that I have a great deal of respect and admiration for, and that is the Honorable Gwendolyn King, who is the Commissioner of the Social Security Administration. She has demonstrated, to me at least, her great interest in making some improvement in the agency, and I hope that she gets the help that is necessary for her to accomplish her goal. The Chair will now recognize Ms. King, and ask her to proceed in any manner that she may desire.

STATEMENT OF GWENDOLYN S. KING

Ms. **King**. Thank you, Mr. Chairman. I would like to submit my full statement for the record and make some brief opening remarks.

Mr. **Roybal**. Without objection, that will be the order.

Ms. **King**. I'm very pleased to have this opportunity to bring you up to date on a mission that I consider one of the Social Security Administration's most imperative—to locate and enroll needy eligible, aged, blind, and disabled people in the supplemental security income program.

When I became Commissioner of Social Security last August, I made it clear that SSI outreach would be one of the agency's highest priorities. I believe our responsibilities are more than just statutory. That, in fact, there exists a moral obligation to reach out and help those in need.

Today I want to share with you the steps SSA is taking to accomplish this vital mission. First, though, a little background. SSI outreach, as you know, is not a completely new activity. As you have already heard this morning, our activities have fallen far short of the mark. Many local SSA employees have been working for a long time with organizations in their respective service areas to inform people about SSI benefits and requirements. We have maintained liaisons with national, State, and local welfare agencies, with legal aid, and advocacy groups to enlist their assistance in finding those potentially eligible for SSI.

I am not trying to create a brand new program at SSA. My intent is to make this program work for the people it is intended to serve. I believe that one way to do that is to ensure that SSI occupies a higher place among the agency's priorities.

My goal is to turn up the intensity on the program and escalate the war against human despair. It is difficult to quantify the need for an improved SSI outreach effort, but the most reliable numbers we have justify the direction that SSA is taking. According to research by Lewin/ICF, Incorporated about 65 percent of the Nation's elderly who are eligible for SSI are participating in the program.

At first glance, you might say, "Oh, that's a pretty good average." You have to resist though taking that number at face value. If we're talking about a sporting event or an election, 65 percent is fine. We are talking about human lives. Frankly, the 35 percent who are not participating is an unacceptable rate. That remaining 35 percent, the eligible elderly not enrolled in the program, represents thousands of older Americans who are not receiving benefits that could make a significant difference in the quality of their lives, and there are scores of other nonparticipating disabled and blind people, as well as many, many homeless individuals for whom we do not have solid estimates.

We cannot be satisfied with the state of our SSI outreach program as long as there are people in this country who are not getting the assistance they need and should be receiving. We won't be satisfied until we break down the barriers standing between the SSI program and its potential beneficiaries.

Our outreach strategy is based on three objectives. First, SSA must do a better job of providing information about and promoting understanding of the SSI program. That is first, Mr. Chairman, because when I took office in August, I found that program to be an absolute maze, a patchwork of information and instructions that confused me. It occurred to me that if I could be that confused about a program that was intended to provide for basic human needs—clothing, food, and shelter—then I despaired about the confusion it was causing the people it was intended to serve.

Frankly, it is reasonable to assume that many people do not apply for those benefits because they simply don't know the program exists. They don't realize they could be eligible. When they find out about the program and that they might be eligible, they simply cannot understand what we are asking them to do.

SSA must erase the welfare stigma that many potentially eligible beneficiaries attach to SSI. There is no shame in being the aged, blind, or disabled victim of economic hardship. Likewise, there is no shame in accepting a helping hand, offering a more viable lifestyle.

Finally, SSA must make the process of applying for SSI benefits easier to ensure that people do not shy away from the program because they find the application process confusing or intimidating, or both. Part of what we are doing currently at Social Security is taking applications for people. That, of course, entails having people come into the office which can be intimidating for some people, but we are currently doing that.

Achieving all three of the steps I have outlined, however, will certainly require a high level of commitment and dedication from the Social Security Administration's workforce. I can assure you, Mr. Chairman, that those qualities do exist within the SSA employees who will be devoting their talents and energies to seeing that this program works.

Success will also hinge on an understanding that SSA cannot do it alone. In fact, our most effective approach to SSI outreach is to forge a strong partnership between the agency and community organizations, activists and services, throughout the country.

There are hundreds of thousands of caring, compassionate people out there, involved in a variety of community organizations, who are already providing assistance to the elderly, to the homeless, to the blind and disabled. They represent a network of limitless potential that we would be foolish not to utilize.

Building these partnerships enables SSA to concentrate its resources on the activities it can do best. We are providing groups and individuals with training on SSI benefits and eligibility. We're working with the media to communicate the SSI message. We're making SSI a focal point in all of our public presentations. We are projecting a positive image for the SSI program to eliminate the stigma. We are making the application process what I consider to be user-friendly. It is not now.

Where we are not as effective is in finding people who are potentially eligible. That is where we must turn to our community partners. They know the terrain; they know the people. Just as important, the people we want to reach know them.

These potential beneficiaries are people who have endured tough times in their lives, just as we have heard already this morning. Frequently they are vulnerable, they are scared, and they are defenseless. The idea of contact with the government can be, at the least, highly intimidating.

The SSI message can be communicated far more effectively by someone who has already established a relationship with those who may be eligible. People are more likely to walk through a door held open by a familiar face than by a stranger with a government ID card. That is the guiding philosophy of the SSA-community partnership approach to SSI outreach.

There are other partnerships as well that are enhancing the effectiveness of the program. SSA has cooperated with the American Association of Retired Persons in a series of demonstration projects designed to seek out and enroll elderly persons eligible for SSI benefits. We helped AARP by contributing to the demonstration project design, providing critical information on site selection, training AARP outreach workers, and providing the data necessary to evaluate the project. I had the pleasure myself of kicking off a project in Essex County, New Jersey, not too long ago.

We have a project with the Robert Wood Johnson Foundation. We are assisting with a project designed to consolidate and improve services for the chronically mentally ill. We are helping to train the Foundation's workers in the disability program and providing expedited disability adjudication. With other Federal agencies we are working to make sure that people who are eligible for SSI benefits also make the connections they need to receive other program benefits, such as food stamps and Medicaid, for which they may also be eligible. SSA's place within the HHS umbrella of service providers enables us to provide SSI beneficiaries with this sort of one-stop service.

We are establishing productive partnerships from coast-to-coast, from Essex County, New Jersey, to Orange County, California, where we are teaming up with the Orange County mentally disabled homeless project to go into the community, in the parks, under the freeways to reach those who may be eligible for SSI.

We will be escalating the effort even further this fall when we begin awarding grants and cooperative agreements with the $3 million appropriated by the Congress for fiscal year 1990 SSI outreach demonstration projects.

With these grants, we are looking for innovative approaches that will reach out to needy individuals living in urban, suburban, and rural areas, and minority and ethnic communities, as well as to the homeless, the elderly, and disabled children and adults.

I have high hopes, Mr. Chairman, that these projects will not only give us new ideas to incorporate into the SSI policies and practices, but I am hopeful that we can put in place in communities permanent support structures that will always be there to meet the needs of those most vulnerable citizens.

That brings me, finally, Mr. Chairman, to the subject of money. With the $3 million in demonstration projects, and with the community-based partnership approach we are employing toward SSI outreach, I believe this program can be successful, not necessarily without money, but without large infusions of money because the key to success here, Mr. Chairman, is working with people in communities who really do care, who have a commitment, an ongoing commitment, and will work with us.

We're going to be monitoring our progress closely, studying application and award rates as well as the demographic characteristics of our new caseload. In the future, if our workloads increase and the public's needs mandate increases in our staffing levels, we will certainly seek the funding necessary to meet those needs.

I intend to take whatever steps are necessary to see that SSI outreach is a success, and that we reach those people who need this critical assistance.

One cautionary note: we must not try to define this program's success by looking necessarily at how large the numbers are. In my view, Mr. Chairman, while our aim is to find the 35 percent who are not now enrolled if we can find one person who is currently without the benefits, then our SSI outreach will not have been in vain.

There are many Americans who have reached levels of despair unfamiliar to most of us. We cannot, and will not, passively accept their suffering, and we will take any and all measures necessary to ensure that SSI benefits are paid to all those who should be receiving them.

I would be happy to take your questions at this time.

[The prepared statement of Ms. King follows:]

FOR RELEASE ONLY UPON DELIVERY

STATEMENT

BY

GWENDOLYN S. KING

COMMISSIONER OF SOCIAL SECURITY

BEFORE THE

SELECT COMMITTEE ON AGING

AND ITS

SUBCOMMITTEE ON RETIREMENT INCOME

AND EMPLOYMENT

HOUSE OF REPRESENTATIVES

ON

OUTREACH IN THE SSI PROGRAM

APRIL 5, 1990

Chairman Roybal, Chairman Hughes, and members of the Select Committee on Aging and Subcommittee on Retirement Income and Employment:

I am pleased to be here to bring you up to date on our efforts to locate and enroll needy eligible aged, blind, and disabled people in the Supplemental Security Income (SSI) program.

In my recent appearance before Mr. Hughes' subcommittee, I touched only briefly on our outreach efforts. Today, I would like to expand upon my earlier remarks.

First, I again want to emphasize my commitment to ensuring that SSA provides the very best service to the public that we can. I believe that a critical part of that commitment is bringing SSI to those for whom it was designed. SSA, as an agency, has a moral responsibility to identify people who, for any of a variety of reasons, are not receiving SSI benefits for which they may be eligible.

Nonparticipating Populations

Before describing SSA's outreach efforts, I would like to share with you some information about the people who, according to national data samples, appear to be eligible for SSI but are not participating.

From its beginning in 1974, the SSI program has not achieved the levels of participation that estimators projected for it. Several studies in past years have examined the reasons for this phenomenon. The most recent, research by Lewin/ICF, Incorporated, funded by the Department of Health and Human Services, indicated that about 65 percent of the aged who are eligible for SSI are participating in the Federal SSI program. The study also indicated that those who are participating receive 83 percent of the benefits that would be payable if all eligible people were actually receiving benefits.

While this finding is encouraging, there still remains the 35 percent of the eligible aged who are not enrolled in the program. In addition, there are undoubtedly numbers of needy disabled and blind who are not participating, but no estimates are available of this group. Nor is there any solid estimate of the numbers among the homeless who are or should be eligible for Social Security or SSI benefits.

The Lewin/ICF study identifies some of the major factors that affect participation. People with larger potential benefits or poor health status and people who receive other Federal benefits are more likely to participate than those who own their own homes or have earnings, pension income, or private health insurance. But the Lewin/ICF study also points out that many of the factors that influence decisions not to participate in the SSI program have not been, and perhaps cannot be, measured or quantified. It is not possible, for instance, to determine whether the person may associate receipt of SSI benefits with the "welfare stigma" and the weight that stigma carries in the person's decision about whether to apply for SSI benefits. Some other factors that cannot be measured are the effects of knowledge about the program, the person's perception of need for assistance, and the actual or perceived difficulties of going to an office to apply for SSI benefits.

A recent study prepared by the Villers/Families U.S.A. Foundation also identified barriers to participation by potentially eligible people and recommended ways to improve access to SSI program benefits. We agree with the thrust of that study.

Observations contained in both the Lewin/ICF and the Villers/Family U.S.A. studies underscore SSA's experiences in past efforts to reach out to the potentially eligible SSI population. While they identify some of the difficulties that must be overcome if SSA is to be successful in reaching the population, they also are helpful in that they identify the kinds of intangible barriers we must take into account in designing and implementing our outreach projects.

We are concerned about the barriers faced by the homeless aged, blind, and disabled. The characteristic that defines the homeless--their homelessness--itself presents additional barriers to their eligibility and enormous challenges to provide them with the assistance that could break the cycle that keeps them in that state.

Beside the problem of making an initial contact and, hopefully, being able to take an application, there is the problem of maintaining that contact in order for the claim to be documented and benefits paid. Obtaining sufficient information to establish whether the homeless person has a social security number (and perhaps existing entitlement to Social Security or SSI benefits), arranging for a medical examination to determine disability when there is no other medical history available, or finding a representative payee or a way to assure that the person will receive benefits may prove difficult simply because the person "disappears" before these steps can be completed.

This, then, is the problem: how to overcome the various, potentially interactive barriers that inhibit some of the eligible population from participating in the SSI program and, in some cases, from receiving Social Security benefits to which they may be entitled already or for which they could become entitled. Now I would like to tell you how we are going about solving it.

New Initiatives

One of my early actions as Commissioner was to establish an SSI outreach task force to develop a comprehensive SSI outreach strategy. The outreach strategy is based on three major premises. First, SSA must do a better job of providing information about and promoting understanding of the SSI program. In order for people to get SSI benefits, they must first be made aware that the program exists and can help them. They need to know we are committed to seeing that those who are eligible begin receiving benefits.

Second, SSA must reach out to people who are aware of the program but are reluctant to apply for it. This will require us to work toward a more positive public perception of the program. There should be no stigma associated with applying for SSI benefits; the program is intended to alleviate the economic hardship that aged, blind, and disabled people may suffer, no matter what the cause.

Finally, SSA must help people through the process of applying for SSI benefits. People must not lose benefits for which they are eligible due to fears about the application process. Supplying the necessary documentation can be very difficult and for those who are suffering severe economic hardship, it can be overwhelming. In fact, once an individual contacts us (or someone does on their behalf) the date of application is protected. From that point on, we will work with them to develop the information needed to establish eligibility.

In considering how we should go about achieving these goals, it became clear that efforts to enroll people in the SSI program is only part of the answer to providing for the needs of the poor aged, blind, and disabled population. It is equally important to be sure that they are able to connect with other services that may be even more important than the cash benefits SSA programs provide. This is of primary importance where the homeless are concerned. Thus, in our view, SSA's outreach effort to be fully successful must be integrated with local community-based programs that provide support and services to the aged, blind, and disabled as well as with food and nutrition programs and other HHS medical assistance, social service, and rehabilitation programs.

The SSI Outreach Task Force has developed a guide for outreach titled, "Principles of SSI Outreach." This document outlines a basic strategy for SSA employees throughout the country to follow in order to address the barriers that may keep people from seeking the help the SSI program can offer. The key to this strategy is the recognition that to reach those eligibles not receiving benefits SSA must develop more and better working partnerships with human services networks in each community that can help us identify potential eligibles and help us enroll them in our programs. This highly integrated approach to outreach assures not just the receipt of needed income but of other needed services as well.

The "Principles" build on the activities many field offices have been conducting and are intended to make sure that significant outreach activities are going on in every service area across the nation. We developed the "Principles" based on information from many sources: studies on SSI participation; reports of barriers to participation; consultations with representatives of more than 60 public and private agencies that work with disadvantaged and hard-to-reach populations, with national, State, and local agencies, with advocacy groups that serve potentially SSI-eligible populations, and with SSA employees.

On February 27, 1990, I sent the "Principles of SSI Outreach" to SSA's 10 Regional Commissioners with a mandate that they immediately direct their managers to use the principles to enhance their outreach programs. Examples of successful outreach activities that had already been implemented by SSA field managers were included as aides in refining 1990 outreach plans.

The "Principles" set up a framework for outreach that is to be used by every field office. The major supports for this framework are:

- establishing and maintaining partnerships with community-based organizations, agencies, and advocates;
- providing community-based groups with the necessary training and materials to enable them to communicate with their constituencies and to assist them in applying for benefits;
- maintaining ongoing relationships with hospitals, mental health clinics, homeless shelters, prisons, institutions, and patient advocates to assure that these organizations can help identify potential eligibles and are aware that they can enter into prerelease arrangements under which the receipt of SSI can be coordinated with the individual's release from the institution;
  - These arrangements allow for an early determination or redetermination of SSI eligibility for people who are institutionalized but are soon to be released to live in the community. If they wait until they are released to

apply for SSI or to seek to have their benefits restarted, they may be without funds while waiting for their eligibility to be established. In many cases that might result in homelessness.

- -- Initiatives to help SSI claimants and former recipients make the transition from institutions to local communities have almost doubled--from 2,845 to 5,409--the number of prerelease agreements SSA's local offices have entered into with hospitals, nursing homes, mental institutions, prisons, and other facilities.

- o enlisting a broad range of media support, including foreign language media, Blind Radio Reading Services, etc.;
- o taking advantage of community events to educate the public about the SSI program;
- o making SSI part of all public presentations made by local office staffs, no matter what the primary topic; and
- o projecting a positive image for the SSI program in all contacts with the community in order to eliminate any association SSI eligibility may have in people's minds with the "welfare stigma."

We also have several other significant outreach projects underway:

- o to produce training materials on SSI eligibility requirements for organizations and agencies to help spread the word on SSI and assist individuals in the application process;
- o to assess the readibility levels of all print public information materials and develop new sources of distribution;
- o to target mailings to persons likely to be eligible; and
- o to improve the SSI application process in order to make it less difficult.

Outreach Demonstrations

During last fall's appropriations process, Members of Congress who share our commitment to SSI outreach were successful in obtaining an additional $3 million in fiscal year 1990 to be used for grants supporting SSI outreach demonstration projects.

We are moving to put the grant program in place. In the February 2 Federal Register, we published a solicitation for ideas from the public on priorities for the demonstrations. Beginning this month, we will formally solicit grant applications, and we plan to make all grant awards by early September.

SSA is particularly interested in approaches that will reach out to needy individuals living in urban, suburban, and rural areas, and minority and ethnic communities, as well as to the homeless, the elderly, and disabled children and adults.

We have high hopes that these demonstrations will provide us with a continuum of effective, responsive, and transferable approaches for reaching persons who are potentially eligible for SSI benefits but have not, for whatever reason, taken the necessary steps to receive them.

Ongoing Outreach Activities

The newly implemented "Principles of SSI Outreach" should not be viewed as a totally new activity, but rather as an effort to focus on, to organize on a national scale, and to enhance and improve techniques that our local offices have developed over the years. We will continue our traditional outreach efforts, but these will be carried on within the context of the new strategy.

Local Social Security offices will continue to be the focal point for working with community organziations and groups. This is accomplished through working with organizations in their respective service areas to inform people about their potential eligibility for SSI program benefits and requirements and helping them to apply.

To support the local offices' efforts, we at headquarters in Baltimore and in our Regional Offices maintain liaisons with national, State, and local welfare agencies and with legal aid and advocacy groups to tell them about the SSI program and enlist their assistance in finding potentially eligible people.

We provide these organizations with the same public information packages about the SSI program that we provide to our own field offices. We also produce and distribute posters, pamphlets, publications, and other printed materials explaining basic SSI eligibility requirements. We have begun to enhance our print efforts as well as to develop new video presentations and a public service announcement campaign for English and Spanish radio and television.

In addition, we provide information on SSI to Social Security aged and disabled beneficiaries at the time they are notified of their upcoming eligibility for Supplementary Medical Insurance under Medicare. Through this notification process, approximately 110,000 potential beneficiaries are notified each month about the SSI program.

We also are participating in outreach demonstrations with the American Association of Retired Persons and the Robert Wood Johnson Foundation and are coordinating our outreach activities with other Federal agencies.

American Association of Retired Persons' (AARP) SSI Outreach Project

Under a grant from the Commonwealth Fund, the AARP conducted an SSI outreach demonstration project in 1988 designed to increase participation in the program. SSA, along with the Administration on Aging (AoA), cooperated with the AARP in its efforts to seek out and enroll aged persons who are eligible for, but not receiving, SSI benefits.

The initial outreach demonstrations took place in Pittsburgh, El Paso, and Oklahoma City. Each project was cosponsored by the local area agency on aging with assistance from senior centers, local nutrition programs, hospitals, and a variety of community service groups. SSA's field offices also cooperated with local area agencies on aging in the outreach demonstrations. SSA contributed to the demonstration project design, provided critical information on site selection, trained outreach workers, and provided data necessary to evaluate the project.

Because of its interest in pursuing these outreach techniques, SSA has cooperated with the AARP in its subsequent 10 SSI outreach projects, including the cosponsorship of a project in Rutland, Vermont.

The SSI outreach task force has found the AARP experiences useful in developing the principles for coalition-based outreach activities.

Robert Wood Johnson Foundation To Improve Disability Adjudication

The Robert Wood Johnson Foundation program is a major national, public, and private sector initiative to fund demonstrations in nine cities that are designed to consolidate and improve all necessary services for the chronically mentally ill under a centralized local mental health authority. SSA is assisting the demonstration program by training Foundation workers in the disability program and providing expedited disability adjudication. The centralized local authority assumes administrative, fiscal, and service responsibilities that are dispersed usually at different governmental levels. Each city develops an integrated system of health and social services and housing options to help the chronically mentally ill function more effectively in the community. Grants for the demonstration program, which are jointly funded by the Robert Wood Johnson Foundation and the Department of Health and Human Services and the Department of Housing and Urban Development, were awarded in November 1986 and run for 5 years.

Coordinating Outreach With Other Federal Agencies

Eligibility for SSI benefits can, and often does, mean that a person can be eligible for other Federal assistance benefits. In many instances the person's needs go beyond the income supplements the SSI program itself provides. To assure that none of these potential sources of help is overlooked, we also coordinate our SSI outreach efforts with other Federal agencies. For example, in 37 States and the District of Columbia, persons eligible for SSI usually are automatically eligible for Medicaid. In the other 13 States, where Medicaid does not follow automatically, many SSI eligibles may, nevertheless, qualify for Medicaid. When, in our outreach activities, we find people who may be eligible for SSI, we can connect them with Medicaid agencies that will establish whether they do qualify. This link to Medicaid eligibility sometimes can be more important than the SSI cash benefits.

Many of these persons also may be eligible for food stamps. SSA maintains a stock of food stamp applications in our field offices to assist individuals in applying for food stamps. We actually take the applications on behalf of the local food stamp offices in cases where households are comprised exclusively of SSI recipients and where persons are about to be released from institutions.

SSA has formalized a copartnership agreement with the Health Care Financing Administration and the Administration on Aging to promote the well-being of older persons. Under the agreement, the three agencies will collaborate on public awareness of and integrated service delivery initiatives within our respective programs.

Mr. Chairman, these linkages between the programs of the Department of Health and Human Services are one of the reasons that the Secretary and I remain firmly opposed to separating SSA from the Department. Such a proposal would not make sense from a management perspective nor from the standpoint of the beneficiaries we serve. The social service delivery system under the HHS umbrella works, and it recognizes the interconnected medical and social needs of those we serve. Our beneficiaries do not need to deal with another bureaucracy when they can currently go to their local Social Security office and have "one-stop service" to information regarding a myriad of programs administered by HHS.

Outreach to the Homeless

As I have said, the homeless present us with very special challenges. We have responded with a determined policy of integrating our claims taking and benefit payment role with the efforts of community-based organizations that seek to help these people stabilize their lives.

We have appointed 999 homeless coordinators in field offices where it is appropriate and have encouraged field office staff to serve on interagency health and welfare councils serving the needs of the homeless. Special projects are pursued on the local level, such as visiting shelters and other gathering places for the homeless. These visits serve not only to do outreach directly to homeless persons, but also to ensure that people who work with the homeless are aware of SSI provisions affecting the homeless, including provisions for continued SSI benefits when persons are institutionalized or during periods in which they live in shelters. In addition, we anticipate that some of the SSI outreach demonstrations that will be funded with the $3 million appropriated for fiscal year 1990 will focus on outreach to the homeless.

Resources for Outreach and Monitoring Effectiveness of Outreach

You asked that I address whether SSA has the resources necessary to carry out these activities. As I have indicated, we always have engaged in outreach activities, and our administrative budget takes these tasks into account. Carrying out the recently released "Principles of SSI Outreach" does not necessarily require an increase in workyears. Our outreach strategy is carefully crafted to enhance and maximize our efforts by enlisting the assistance of the various national, State, and local organizations that can help us identify and enroll eligibles who are not participating in the program. However, it is too early to make a final decision on whether an increase in our current resources will be necessary to sustain this effort. The potential impact of outreach, of course, is the additional workload that it will generate. We are monitoring this situation closely.

You also asked whether downsizing had adversely affected outreach. It is true that downsizing has created staffing imbalances in some field offices and these imbalances have made affected offices' outreach goals more difficult to achieve, and we are working to correct these imbalances in order to assure good service. But it would be misleading to say that downsizing alone is the reason that potential eligibles are not receiving the benefits that are due them under SSA's programs.

We know from the Lewin/ICF study that the portion of the eligible population that is not participating in the SSI program may not be doing so for a variety of reasons that, heretofore, our outreach efforts have not addressed in an apporpriate way. Given that our outreach efforts have not always been carried out in the most effective way, it is difficult to tell whether greater numbers of people would be participating in the SSI program today if downsizing had not happened. In the future, should the service needs of the public require increases in our staffing levels, we certainly will seek the funding necessary to meet those needs.

You also asked how SSA monitors the effectiveness of our outreach efforts. We will evaluate our outreach activities by monitoring field office activity to determine if there are significant changes in the application and award levels of the aged, blind, and disabled. We will develop a data base containing monthly information going back to 1987 to determine if there are statistically significant differences in the application and award rates. In addition, we will be analyzing SSI program data to obtain information on the demographic characteristics of the new caseload.

Before concluding, I would like to make the observation that our success in working with other organizations and enlisting their help in identifying people whose circumstances would be alleviated by the benefits Social Security programs provide is dependent on a good working knowledge of our programs and how they work. The SSI program, far from being the simple program originally conceived by Congress, has become immensely complex and difficult to explain or understand. The program has been subject to many amendments on a yearly basis, which has made the task of bringing the program to the public more difficult. Rather than continuing in this way, we see the need to pause and review the program with a view to making the program work for those it is meant to serve.

Conclusions

In concluding my statement, I wish to restate my commitment to outreach. I know that for millions of Americans who are truly struggling and have reached levels of despair unfamiliar to most of us, the process of going to a Government office to apply for benefits can be intimidating and, in fact, even frightening. Economic suffering by people in such circumstances is simply not acceptable, and we will take any and all measures necessary to ensure that SSI benefits are paid to those who should be receiving them.

I would be happy to answer any questions you may have.

Mr. ROYBAL. Well, thank you, Ms. King. I'd like to thank you, first of all, for the frankness of your statement. I think there is mutual agreement on one thing, and that is that there is a problem. There are thousands of individuals who are not being served. Moreover, some that do know about the SSI program are not being served because they need help filling out their applications.

We are very much concerned about that fact.

Mostly, we are concerned about the fact that up to this moment we have not been able to set up an SSI outreach structure, a permanent support structure that you're talking about.

I think it is most important that we do that, and that a partnership be established between the community organizations and SSA. I think it even has to go beyond that, and I think you'll agree. We also have to have training for those SSA staff who serve the public. To set up an outside structure alone would not be sufficient.

How do you plan, Ms. King, to accomplish that?

Ms. KING. Mr. Chairman, as I mention in my statement, we've already attempted to do some of that with our demonstration projects with the AARP on SSI outreach over the last 3 years. We have constantly focused on what we need to provide our partners in order to have them recognize who might be eligible for our program and, once they identify someone, working in concert with us at the Social Security Administration to try to make sure that we take the steps necessary to get people enrolled.

One thing that we have done, and I just yesterday attended a session of the sort you are talking about, is to conduct numerous training sessions with community organizations. Yesterday I was in downtown Baltimore, where Pat Betch, our outreach worker in the downtown Baltimore office, was conducting an outreach effort with many, many community organizations. She was conducting the training necessary, an all-day session, to get them to understand the parameters of the program.

I can tell you that it is a very heartwarming thing to see people come forward, say they will help, and sit through a session like that. We know it is going to pay off great dividends for the people that we are trying to reach.

Mr. ROYBAL. Now, Ms. King, in your testimony, I believe I heard you state that a recent study showed that 65 percent of the aged population who are eligible for SSI are participating in the program. Is that figure just as high for the total eligible SSI population, which includes not only the aged but also the blind and physically and mentally disabled?

Ms. KING. Our figures on the entire program are not as good. We have heard figures ranging from 50 percent of the eligible population as currently participating. Or, if you look at it the other way, currently not participating. We also have figures indicating that with the elderly population some 83 percent of the benefits that would be paid if everyone eligible was participating are being paid. I'm not sure that we have as good data on the entire population but, clearly, if 50 percent is a good estimate, and we tend to believe that it might be, then we have our work cut out for us in communities across this Nation.

Mr. ROYBAL. All right. Now we heard testimony to the effect that SSI applications were filled out by individuals that, at least in these cases, and no doubt many, many others throughout the country, were turned down.

Now Ms. Gerdez spoke excellent English. I suppose that the vast majority of those people who make these applications do speak English but still can't fill out the application. I would have a hard time filling out that application because it is a long one, and I think that any Member of the Congress would. We all speak a little English.

Now just imagine then what the problem would be if a non-English speaking person went out to try to file an application and there was no one there to speak to them, no one there to help them.

Now the inspector general report states that non-English speaking clients do not receive the same level of service as others. I can understand why. What is being done, or what will be done, Ms. King, to remedy the situation? Is there an intent to hire more bilingual staff to address the needs of the non-English speaking? What specifically can be done to help these people? We realize all potential SSI recipients need help. In this particular instance, if they don't speak the language, they are at a greater disadvantage as a result.

Ms. KING. Mr. Chairman, we have already moved aggressively in that direction. I have issued a directive throughout the agency indicating that new position descriptions, which incorporate the use of bilingual skills, to assist the non-English speaking public in conducting necessary Social Security business be established for the following positions: social insurance representatives who are field representatives, social insurance representatives who are claims representatives, contact representatives who are service representatives, contact representatives who are teleservice representatives, claims clerks who are receptionists, and information receptionists.

In locations where bilingual ability is needed to assure quality service to the public, I have instructed managers to use these new positions to formalize the language requirement and give priority hiring to those positions.

I was recently, Mr. Chairman, in Los Angeles. I was pleased to find that not only were we able to have in our field offices sufficient numbers of people who were bilingual and spoke Spanish, but in the Korean community, I was pleased to note that we had people who could handle that language as well, and we need to do that across the country. We need to do at least as well as we are doing in Florida and in Los Angeles. We will do that, I believe, with this new directive.

In addition, Mr. Chairman, I must say in preparation for this hearing, I wanted to see exactly what it was we were doing with our public information materials because part of the charge that we've seen all too often is that our public information activities have fallen off for SSI outreach. In fact, I was pleased to note that all of our publications for SSI are printed in Spanish and we are currently looking at the need for translating other materials and getting them out to parts of the country where there are bilingual needs.

Mr. ROYBAL. If the non-English speaking don't have any help, if they are just given that application, the result will be the same as if you give it to an English speaking person who doesn't have any help either. So it is important that they have someone in the office to help them.

Ms. **King**. The application, of course, is quite another matter. As I said earlier, Mr. Chairman, we are currently taking applications for people who need help in our offices.

Mr. **Roybal**. Ms. King, don't you agree that that application is a little hard?

Ms. **King**. It is more than a little hard, Mr. Chairman. It boggles the mind.

Mr. **Roybal**. Thank you.

Ms. **King**. Moreover, Mr. Chairman, and I will say this for the record, I had the feeling as I went through the application the first time that there were some trick questions. I wasn't really sure if I answered "yes" to this one, that I would not be precluded from being able to answer "no" to another one down the line. I think what is very important here also is that we now have a full-fledged effort through our SSI task force to try to simplify not only the application process, but to come to you within a year with some recommendations for simplifying this entire program.

Mr. **Roybal**. Thank you very much.

Mr. Hughes?

Mr. **Hughes**. Thank you, Mr. Chairman.

I want to welcome Commissioner King again and thank her for her testimony. I suspect that Mary Rose Gerdez was as eloquent and instructive as we could have had as a first witness. If I heard her correctly, what she said was that, first of all, she has worked most of her life. Then she became ill for a long time and did not know anything about the SSI program. She was one of the lucky ones in some respects because she found somebody that directed her to the SSI office. But then the questionnaire she had to complete basically was not easy for her to fill out. She didn't understand it. She didn't have any help in the Social Security office. She was turned down and didn't know anything about appealing.

There was inadequate information on the questionnaire. Nobody attempted to find out the additional information. She went through another period of time in her life where she was exposed to alcohol and drugs and didn't have a very good life. Finally, when the program did work and she was able to find some social worker who directed her back to the Social Security office and helped her fill out the form, she got her Social Security office success story.

So I suppose she pointed out exactly what we need to do. Rather than take a lot of time, Mr. Chairman—I realize that we have a large panel coming up—I'm just going to reserve the right, if I might, to submit a number of questions to the Commissioner. I'd like to know more about the task force, SSA's efforts to look at the questionnaire, the adequacy of SSA's personnel, and New York City's effort to extend their outreach program right into the homeless community. I'd like to know whether or not that is an experience we should duplicate around the country. I'm going to submit a number of questions along that line, Mr. Chairman. I yield back the balance of my time.

Mr. **Roybal**. All right. Thank you, Mr. Hughes. The Chair recognizes Mr. Blaz.

Mr. BLAZ. Thank you very much, Mr. Chairman. Mr. Chairman, I also would like, in the interest of time, to submit some questions. Let me just say to Ms. King that it is very refreshing to hear someone from the administration come with an open mind like you have shown this morning. They are few and far between. For one to admit, granted under the prodding of the chairman, that the form is mind-boggling is really very encouraging to all of us. How ironic, indeed, that the income tax form has been simplified, and yet this one has not been. To me, that is the supreme irony of life.

I also want to make a comment about "we speak some English." I think the comment after that was that unfortunately, in Congress we speak with a touch of English on it ourselves, so it is nice to hear frank remarks from you. I'm looking forward to working with you, ma'am, because my problems are unique. I think I need some help, but I won't burden the—

Mr. HUGHES. Would the gentleman yield to me?

Mr. BLAZ. Yes, indeed, sir.

Mr. HUGHES. I am delighted to learn that the income tax return in Guam has been simplified.

Mr. ROYBAL. I hope Ms. King can do a better job of simplifying the application form than we—

Ms. KING. I make no promises at this point, Mr. Chairman, but we'll give it a shot.

Mr. ROYBAL. The chair recognizes Mr. Pallone.

Mr. PALLONE. I have no comment.

Mr. ROYBAL. Ms. King, we'd like to thank you for your testimony. I would like to just say one parting word. That is that this Committee is at your disposal. We want to work with you to make your job a tremendous success so that the beneficiaries of that success will be the people that you serve.

Thank you very much.

Ms. KING. Thank you very much, Mr. Chairman.

Mr. HUGHES. Our next witnesses consist of a panel comprising Joseph Delfico, the associate director of the General Accounting Office in Washington, D.C.; Mr. Francisco Carranco, member of the board of directors of the American Association of Retired Persons here in Washington, D.C.; Ms. Donna E. Jerry, the director of project SIGN-UP, Families USA Foundation, Boston, Massachusetts; and, last but not least, my constituent, Ms. Dee Clark with the Atlantic County Office of Aging and Disabled, Atlantic City, New Jersey.

We welcome you here this morning. We have your testimony which, without objection, will be made a part of the record in full. We'd ask you to summarize. That would help us, so that we can get right into questions.

Why don't we begin with you? Mr. Delfico, welcome.

PANEL TWO, CONSISTING OF JOSEPH F. DELFICO, DIRECTOR, INCOME SECURITY ISSUES, HUMAN RESOURCES DIVISION, GENERAL ACCOUNTING OFFICE; FRANCISCO CARRANCO, MEMBER OF THE BOARD OF DIRECTORS, AMERICAN ASSOCIATION OF RETIRED PERSONS; DEE CLARK, ATLANTIC COUNTY OFFICE OF AGING AND DISABLED, NEW JERSEY; AND DONNA E. JERRY, DIRECTOR, PROJECT SIGN-UP, FAMILIES USA FOUNDATION, BOSTON, MA

STATEMENT OF JOSEPH F. DELFICO

Mr. DELFICO. Thank you, Mr. Chairman. With me today are Mr. Thomas Smith and Mr. Ronald Leporati who helped prepare this testimony. I'm pleased to be here today to testify on the activities carried out by the Social Security Administration to inform the public about SSI. My testimony today will focus on some of the issues surrounding SSA's general outreach efforts.

To gather information for this testimony, we first obtained the views of 146 managers on how they felt about their own outreach efforts. Now these are managers who are employed by SSA in the district offices. We then collected the opinions of advocacy groups to determine if they thought SSA was doing enough outreach and what, if any, change they would advocate. We analyzed staffing trends and the time devoted to outreach in SSA field offices. We also evaluated the results of various SSI outreach demonstration projects sponsored by the American Association of Retired Persons.

As part of our nationwide survey, we asked district managers to identify from a list of eight SSA outreach activities which they considered those to be the most effective. The survey results show that there is no clear consensus but that common to the top four approaches is that they involve working with other groups that have an interest in helping the poor. In addition to that, the manager also felt that there was a strong indication that there was a need for more media coverage, and this was an effective way to conduct outreach.

Our survey also showed that the SSA district managers acknowledged the need to conduct outreach for each of the SSI target groups we studied—the elderly, the blind, and the disabled. It also showed a need for outreach to the homeless, the rural poor, and the non-English speaking populations. However, the managers' perceptions of the degree of need varied. Eighty-eight percent of the managers acknowledged there was a need for outreach efforts directed at the elderly. Eighty-four percent saw a need for the blind and disabled. In addition, there was a 71 percent need for outreach for rural populations, 57 percent for the homeless, and 40 percent for the non-English speaking population.

While confirming the need for outreach, most district managers expressed the view that they were doing enough. As seen from our attachment in our testimony, the non-English speaking group stands out as an exception. Among the managers who perceived a need for outreach to the non-English speaking, a substantial minority, 43 percent, felt that SSA was not doing enough.

Concerning the services provided to the non-English speaking as already has been identified today, the Department of Health and Human Services' Office of Inspector General states, "that the limited communications that exist between SSA and community agencies does hinder the problem."

There are a number of indications from our survey and our analysis of SSA staffing patterns that the resources the agency devotes to SSI outreach may be impacting on effectiveness. For example, many of the district managers who believe that they were not doing enough outreach cited the principal reason as the lack of staff. There was also a reported decline in the amount of time spent on outreach and a shift in who performs outreach.

According to our survey, nearly half of the district managers spend 10 hours or less on SSI outreach per month. Eighty percent of the districts estimated that on the average their staff spent 20 hours or less conducting SSI outreach. Coupled with the amount of time devoted to outreach is a decline in the number of field reps which traditionally have performed outreach efforts in the field offices. For fiscal years 1984 to 1989, the number of field representatives declined from 1,081 to 601. This is a 55 percent decrease in field representatives. This has occurred at a time when field office staff has declined on average by only 15 percent.

A final indicator that the amount of field office resources devoted to SSI outreach may be declining is the time devoted to general public information activities. This also has been decreasing. It has decreased 37 percent since 1985. A quick note on the AARP projects we looked at. The AARP projects showed promise. There were gains in five of the nine projects, and they will contribute to SSA's future projects that are now being planned.

In summary, we found that a number of managers felt that they were not doing enough outreach, and that they indicated the reason for this was the lack of staff. In the long run, we feel that SSA needs to establish staffing levels consistent with the outreach methods selected as the most appropriate based on the information developed from the upcoming demonstration projects. In the short run, SSA needs to examine the appropriateness of its current staffing levels for outreach.

Our survey of field resources also shows that outreach for the non-English speaking is an area that needs particular attention. Our results, plus the shortcomings in service to this group disclosed by the Inspector General report, point to a need for SSA to aggressively follow up on the adequacy of services provided to the non-English speaking. The AARP demonstration projects provided much useful information on how to conduct effective outreach. The projects also raise a number of issues that SSA should be mindful of as it prepares to implement the $3 million grant programs authorized by the Congress.

From a management perspective, we believe that the projects, regardless of how large or small they are, should have a strong evaluation component designed in from the beginning. Done properly, these evaluations can provide useful information on what works and what doesn't.

This, Mr. Chairman, concludes my prepared statement. I'll be happy to answer any questions.

[The prepared statement of Mr. Delfico follows:]

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The Social Security Administration's Supplemental Security Income Outreach Activities

Statement of Joseph F. Delfico
Director, Income Security Issues
Human Resources Division

Joint Hearing Before the
Select Committee on Aging and its
Subcommittee on Retirement Income
and Employment
House of Representatives

SUMMARY

The Supplemental Security Income (SSI) program provides financial support to aged, blind, and disabled people who have limited income and resources. SSI is administered by the Social Security Administration (SSA).

Since SSI started in the mid-seventies, there has been concern that many people are eligible for the program, but are not participating. A frequently cited reason for this is that many people are not aware of SSI or that they may be eligible. To inform these individuals, SSA uses various outreach approaches such as radio, television, speeches, etc. However, more needs to be done to determine which outreach mode is the most cost effective.

The Congress has also expressed concern at the size of the SSI "enrollment gap" and has recently taken action to support SSI outreach. The fiscal 1990 budget contains $3 million in earmarked funds for research grants to develop new outreach approaches.

GAO's survey of SSA district office managers shows that most believe there is a continuing need to do outreach and that they are currently doing enough to meet this need. An exception however is outreach for the non-English speaking. Only 40 percent believed there was a need to conduct outreach for this group and of those, 43 percent said SSA was doing less than enough. Also, concerning outreach in general, many local agencies and advocacy groups that GAO talked with believed that SSA was not doing enough outreach.

The amount of resources devoted to outreach by SSA field offices is problematic. Nearly half of SSA's districts devote 10 hours or less per month to SSI outreach, according to GAO's survey of managers.

In the last several years, the American Association of Retired People (AARP) initiated 12 SSI outreach demonstration projects. The projects provided much useful information on how to conduct effective outreach and should be helpful to SSA as it prepares to implement its own demonstration program starting later this year.

Messrs. Chairmen and Members of your Committees:

We are pleased to be here today to testify on the activities carried out by the Social Security Administration (SSA) to inform the public about Supplemental Security Income (SSI) benefits. SSI is the principal means of financial support for aged, blind, and disabled people who have limited income and resources. Moreover, eligibility for SSI often automatically qualifies individuals for other benefits, such as Medicaid and food stamps.

Since its inception in the mid-seventies, the SSI program has been characterized by low participation, particularly among the elderly. A number of studies indicate that about 35 to 50 percent of those eligible for the program are not participating. Frequently cited reasons for nonparticipation are that the elderly are not aware of the program or, if aware, do not realize that they are eligible for benefits. In addition, many potential participants are discouraged from participating because of a perceived social stigma associated with income assistance programs.

Within the last year, the Congress and SSA have both placed a renewed emphasis on SSI outreach activities as an answer to this problem. However, questions about what constitutes an effective outreach program and how to sustain it, while critical to any discussion of approach and resource allocation, remain largely unanswered.

Both SSA and the advocacy groups serving SSI clients have opinions on the program's shortfalls and solutions. Advocates of increased outreach have various perceptions of the answer. Some point out that more dedicated SSA resources may be needed, others contend that more effective use of the media is needed, and still others note that an integrated SSA/community group approach is critical. However, the objective information needed to assess the effectiveness of these and other approaches is lacking.

The Congress has expressed its support for SSI outreach by earmarking $3 million in the fiscal year 1990 budget for research grants to develop new approaches for outreach. SSA has a number of initiatives underway to improve outreach, including developing policy to guide the outreach activities of the regional and district offices. These projects may represent the best opportunity to date for developing the information needed to determine the characteristics of an effective outreach program.

Our testimony today will focus on some of the issues surrounding SSA's general outreach efforts. To gather information for this testimony, we first obtained the views of 146 SSA managers on how they felt about their own outreach efforts. We then solicited the opinions of advocacy groups to determine if they thought SSA was doing enough outreach and what, if any, changes they would advocate. We analyzed staffing trends and the time devoted to outreach in SSA field offices. We also evaluated the results of various SSI outreach demonstration projects sponsored by the American Association of Retired Persons (AARP).

EFFECTIVENESS OF SSI OUTREACH ACTIVITIES

SSA field offices carry out a wide range of outreach activities. Common activities include (1) informing other agencies, advocacy groups, or coalitions about SSI eligibility requirements; (2) speaking before groups of potential SSI recipients; (3) talking with individuals on a one-to-one basis at shelters, soup kitchens, and senior citizen centers; and (4) using the media--TV, radio, and newspaper articles--to disseminate SSI information.

Given the tight budget situation, it is important that the outreach activities undertaken are effective and efficient. It is equally important to design evaluations into any project and collect information on what particular outreach efforts are more effective and why, so that they can be refined and replicated.

As part of our nationwide survey, we asked district managers to identify--from a list of eight SSA outreach activities--which they consider to be the most effective. The four most frequently mentioned activities are ranked as follows:

-- Joint participation in special outreach projects with other agencies/advocacy groups (24 percent),

-- Training staff from other agencies/advocacy groups to do SSI outreach (16 percent).

-- Presentations or speeches before the public and staff of other agencies/advocacy groups (15 percent).

-- Visits to shelters, soup kitchens, churches, or other local sites (13 percent).

The survey results show that there is no clear consensus on what works best. However, common to the top four approaches is that they involve working with other groups that have an interest in helping the poor. Collectively, these approaches appear to be compatible with SSA's general outreach strategy to foster a partnership with other agencies and organizations. There was also a strong indication that using the media was an effective way to conduct outreach.

NEED FOR AND EXTENT OF OUTREACH

Our survey showed that SSA district managers acknowledge the need to conduct outreach for each of the SSI target groups we studied--the elderly, the blind, and the disabled. It also showed a need for outreach to the homeless, the rural poor, and non-English speaking populations within the SSI target groups. Managers' perceptions of the degree of need, however, varied.

Eighty-eight percent of managers acknowledged there was a need for outreach efforts directed at the elderly, and 84 percent saw a need for outreach for the blind and disabled. In addition, 71 percent said there was a need for special outreach for rural populations; 57 percent, for the homeless; and 40 percent, for the non-English speaking population--a number that is low, largely because of the relatively low non-English speaking population in some districts.

While confirming the need for outreach, most district managers expressed the view that they were doing enough. As can be seen from attachment 1, however, the non-English speaking group stands out as an exception. Among managers who perceived a need for outreach to the non-English speaking, a substantial minority, 43 percent, felt that SSA was not doing enough.

Concerning the services provided to the non-English-speaking, a preliminary report of the Department of Health and Human Services (HHS) Office of Inspector General states that limited communications exist between SSA and community agencies and recommends that SSA do more to recognize and address the needs of the non-English speaking. The report, Serving Non-English Speaking Clients (Dec. 1989), recommends that SSA encourage outreach to community-based agencies. It also points out that most SSA field office managers believe there are not enough bilingual interviewers and that past SSA staff cuts and lack of recruiting are major obstacles to providing good service to these clients.

VIEWS OF ADVOCACY GROUPS

We solicited the views of some local agencies and advocacy groups to compare with SSA's views. We met with representatives of 31 organizations in seven SSA service areas where SSA managers said they were doing more than enough outreach. As might be anticipated, only one individual agreed with the SSA managers, and half felt that SSA was not doing enough outreach. When asked specifically what more SSA should do, most officials pointed to a need for expanded public information activities, including radio and television media spots, and more printed material geared to the elderly and non-English speaking populations. As noted earlier, these mechanisms were also perceived as effective by many SSA managers.

RESOURCES DEVOTED TO SSI OUTREACH

There are a number of indications from our survey results and our analyses of SSA staffing patterns that the resources SSA devotes to SSI outreach may be impacting effectiveness. For example, among the district managers who believed that they were not doing enough outreach, the principal reason cited for this was lack of staff. There was also a reported decline in the amount of time spent on outreach and a shift in who performed it.

According to our survey of managers, nearly half of the districts spend 10 hours or less on SSI outreach per month. Eighty percent of the district managers estimated that on average, their staffs spend 20 hours or less each month conducting SSI outreach (see attachment 2).

Coupled with the amount of time devoted to outreach is a decline in the number of field representatives, who traditionally have performed outreach in field offices. From fiscal year 1984 to 1989, the number of field representatives declined from 1,081 to 601, or 44 percent. This occurred at a time when total field office staff declined by 15 percent on average (see attachment 3).

With the decline in field representatives, responsibility for outreach has shifted to other field office employees. Sixty-two percent of the district managers we surveyed said that they, their assistants, their operation supervisors, and others--rather than field representatives--were conducting most of the SSI outreach. When this occurs, much less time is spent on outreach.

A final indicator that the amount of field office resources devoted to SSI outreach may be declining is the time devoted to general public information activities. This term encompasses all SSA programs and is not restricted to SSI outreach. However, field offices spent 90 fewer staff-years, or 37 percent less time, on public information activities in fiscal year 1989 than in fiscal year 1985 (see attachment 4).

AARP OUTREACH EFFORTS: SHOWING THE NEED FOR MORE DEMONSTRATIONS AND EVALUATION

In 1988 and 1989, the AARP initiated SSI outreach demonstration projects in 12 cities. AARP coordinated the project's activities in cooperation with a local agency serving as cosponsor and a coalition of various participating agencies in each community. Each project concentrated SSI outreach activities during a 3- to 5-month period. In analyzing results from nine of these projects, we found varying levels of impact and an absence of data to explain why some projects were less successful.

Demonstration project workers used a wide variety of outreach methods--including extensive use of media, training, community education, and one-to-one counseling--to reach potential SSI applicants. AARP provided an outreach manual, training, materials, data collection, and technical assistance necessary to coordinate the project's activities. The local agency who served as cosponsor coordinated the project at the local level.

Our analysis of the results showed that in five of the nine projects, there was a statistically significant increase in SSI awards. Though the percentage increases were significant, the increase in awards is small in comparison to the estimated size of the overall enrollment gap. Attachment 5 shows the average number of monthly awards during the demonstration projects compared with the monthly average before the project.

The demonstration project conducted in Allegheny County (Pittsburgh), Pennsylvania, is heralded as the most successful project. Extensive use of media, including a telethon, generated 5,000 phone calls during the kick-off event. During the demonstration, Allegheny County processed an average of 77 elderly awards per month, up from 46 awards per month before the demonstration.

Why some projects succeeded and others did not is difficult to determine based on the data collected. The Rutland, Vermont, project, for example, was a significant undertaking. During the project, SSA's Rutland district office contacted over 200 organizations, 40 of which agreed to participate in the project. Individuals were trained and sent to visit shelters, people's homes, and senior centers. The governor declared an SSI

Awareness Week in Vermont. Despite these and various other activities, the Rutland project did not have any measurable impact on SSI applications and awards.

In addition to analyzing the impact on awards during the project, we also analyzed the post-project period for eight of the nine demonstration projects to gain some measure of their long-term effects. Our analysis showed that, compared to pre-project levels, only two of the eight projects had statistically significant increases after the project. One of the projects--in El Paso, Texas--also had an increase during the project period. The other project--in Asheville, North Carolina--did not show a statistically significant increase during the outreach project, but did increase later, possibly indicating a delayed effect.

The cost of conducting the AARP demonstration projects is not known. For the most part, the projects were carried out without any additional funding to the many agencies and organizations that participated. Further, records were not kept on the amount of time that participating groups spent on the project. However, according to the SSA managers that participated in the five successful projects, the amount of SSA staff time expended on outreach during the project was characterized as significantly higher than the time expended during the pre-project period.

The first three AARP projects did not record data on SSI applicants during the project period. It is important to know how the applicants heard about SSI and why they were applying at that time. This information would have indicated which outreach techniques or activities were effective. For the other nine projects, information has been collected and forwarded to SSA for analysis, which is expected to be completed by mid-April 1990.

SUMMARY OBSERVATIONS

The problem of nonparticipation has existed since the inception of the SSI program. Given the size of the SSI enrollment gap and the relatively small gains made through some of the more successful outreach efforts, it may be difficult to make major inroads in reducing the gap. Despite the inherent difficulties in addressing the enrollment gap, there are several matters SSA should address that could lead to increased enrollment.

A number of SSA managers felt they were not doing enough outreach and they indicated that the reason for this was the lack of staff. SSA needs to examine its current staffing levels for outreach. In the long run, SSA needs to establish staffing levels consistent with the outreach methods selected as the most appropriate based on information from the upcoming demonstration projects.

Our survey of field offices also shows that outreach for the non-English speaking is an area that needs particular attention. Our survey results, plus the shortcomings in service to this group disclosed by the recent HHS Inspector General report, point to the need for SSA to aggressively follow up on the adequacy of services provided to the non-English speaking.

AARP's demonstration projects provided much useful information on how to conduct effective outreach. The projects also raise a number of issues that SSA should be mindful of as it prepares to implement the $3 million grant program authorized by the Congress. Along these lines, the views of SSA managers and advocacy groups should be considered in developing options for outreach.

The issue of how to sustain an effective ongoing outreach program is especially critical. In this regard, we believe that in approving grant projects, SSA should consider the extent that projects can be replicated and sustained at reasonable cost.

From a management perspective, we believe that program evaluation should be an integral part of program administration and that well-designed evaluations are critical to achieving the objectives of the demonstration projects. We believe that the projects should have a strong evaluation component designed in from the beginning. Done properly, evaluations imbedded in the projects can provide useful information on what works and what doesn't.

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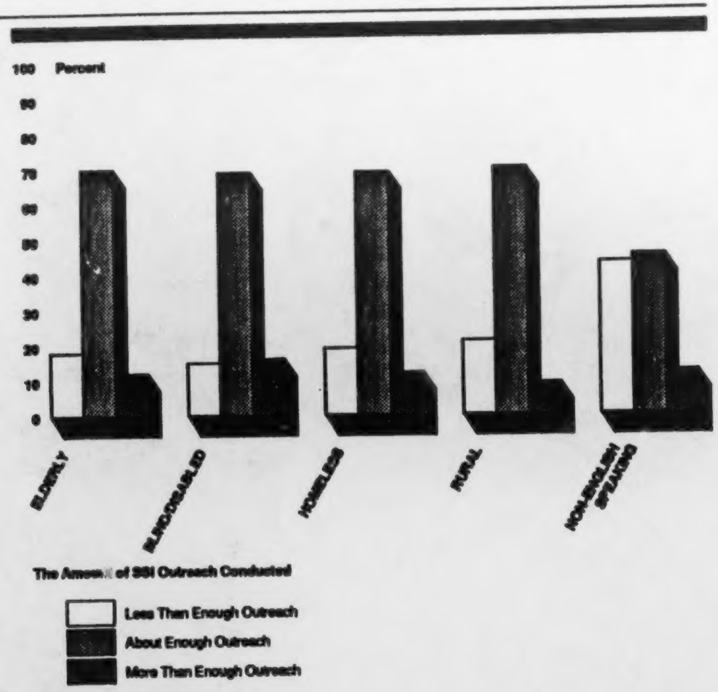
Messrs. Chairmen, that concludes my prepared statement. We will be happy to answer any questions you or other members of the Committees may have.

Attachment 1

SSI Outreach To Target Groups



Attachment 2

Amount of staff time per month devoted to SSI outreach[1]

Amount of time (Hours)	Number of field offices (Percent)
10 or less	48
11-20	32
21-30	9
31-40	5
41 or more	6

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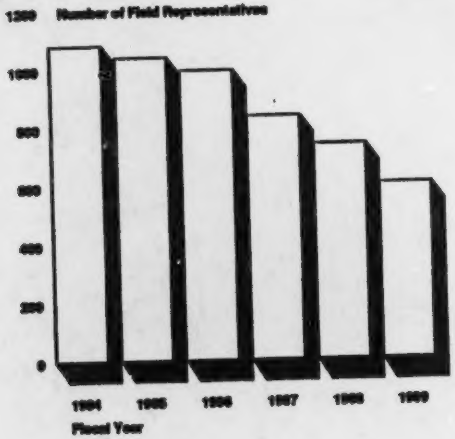
[1] The amount of time includes time expended by branch offices and resident stations within the district service area.

Attachment 3

Figure 2: Change in Number of Field Representatives



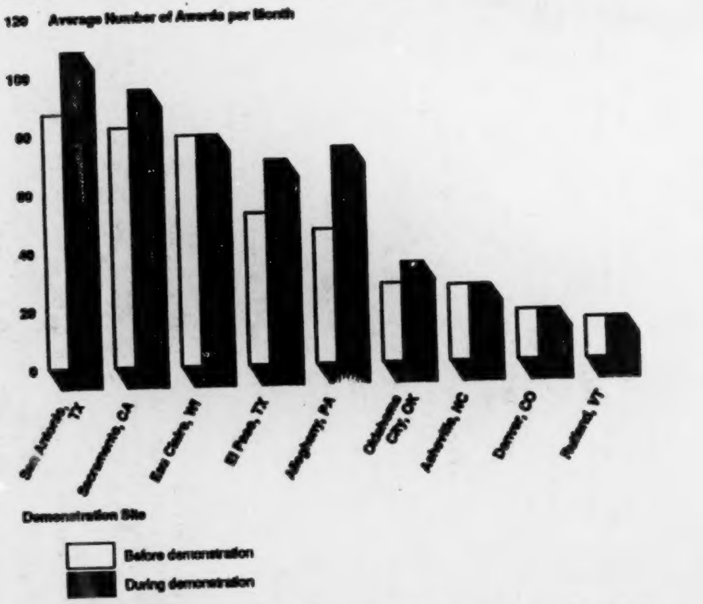
Attachment

General Decline in Resources Devoted to Public Information Activities

Fiscal year	Staff-years	Percent change from 1985
1985	246	-
1986	193	-22
1987	188	-24
1988	149	-39
1989	156	-37

Attachment 5

Estimated Impact of Outreach Demonstration



Note: The number of awards during the demonstration omits increases that would have been expected without the demonstration.

[The following material was subsequently received from Mr. Delficio:]

GAO
United States
General Accounting Office
Washington, D.C. 20548

Human Resources Division

July 9, 1990

The Honorable Edward R. Roybal
Chairman, Select Committee on Aging
House of Representatives

Dear Mr. Chairman:

This letter responds to the questions posed by yourself and Chairman William J. Hughes of the Subcommittee on Retirement Income and Employment. The questions concern outreach for the Supplemental Security Income (SSI) program and were raised subsequent to our testimony at the April 1990 hearing chaired jointly by yourself and Chairman Hughes.

The specific questions, along with our responses, are as follows:

"(1) Based on your findings would you conclude that the Social Security Administration's (SSA) outreach efforts have declined over the past five years? If so, what in your opinion, and based on your findings, is the principal reason for this decline?"

Over a 5-year period, there are documented declines in two areas relating to SSI outreach. The first is a decline in the number of field representatives who traditionally have carried out most of the outreach in SSA field offices. Second, there is a decline in public information activities carried out by field offices for all SSA programs, including SSI. While neither of these two measures provide a precise measure of changes in the extent of SSI outreach, we believe it is likely that the resources devoted to SSI outreach have declined as well. Further, we believe that the decline in outreach is largely the result of the significant staff cuts that have occurred at SSA during the same period.

While there appears to be a decline in the level of outreach over the last 5 years, the decline appears to have leveled off over the last several years. In our survey of SSA managers, we asked if SSI outreach efforts increased or decreased during the past 2 fiscal years (fiscal years 1989 and 1990). Fifty-eight percent said that there was a significant or moderate increase in SSI outreach; 30 percent said there was no change; and only about 12 percent said there was a significant or moderate decrease in SSI outreach. Nearly all managers (94 percent) that said there was a decline in SSI outreach attributed the decline to staff cuts.

"(2) You state in your testimony that 43 percent of the SSA managers that cited a need for outreach to the non-English speaking stated that SSA was doing less than enough outreach to this population. What was the principal reason given for the lack of adequate outreach to this group?"

Nearly 60 percent or 14 managers cited lack of staff as the principal reason for doing less than enough outreach for non-English speaking people. An additional 21 percent or 5 managers said that the principal reason for the lack of adequate outreach to this group was the lack of effective methods for identifying and enrolling those eligible for SSI.

"(3) In your testimony, you also state that most of the Social Security managers identified working with other agencies and advocacy groups as the most effective method of outreach. In your view, has SSA's contact with other agencies and groups increased or decreased over the past five years. Has it increased or decreased for specific groups, such as the homeless, the disabled, and the non-English speaking?"

We did not specifically ask managers about the extent to which resources devoted to SSI outreach increased or decreased for particular outreach activities or target groups over the last 5 years. Consequently, we are unable to answer this question.

The contents of this letter are also being sent today to Chairman Hughes. Should you have any further questions, please call me on 275-6193.

Sincerely yours,

Joseph F. Delfico

Joseph F. Delfico
Director, Income Security Issues

Mr. Hughes. Thank you very much, Mr. Delfico. Mr. Carranco, likewise, we have your excellent statement which is made a part of the record in full. Please summarize for us.

STATEMENT OF FRANCISCO CARRANCO

Mr. Carranco. Thank you, sir. Good morning, Mr. Chairman. My name is Francisco Carranco. I am a member of the board of directors of the American Association of Retired Persons—AARP. The association appreciates this opportunity to present its views on SSI—Supplemental Security Income—outreach efforts. I am personally pleased to appear once again before this Committee.

AARP commends the Committee and its chairman for their ongoing interest in issues that can make a big difference in the lives of many low-income older, blind, and disabled persons. The association urges Congress to adopt legislation to expand SSI outreach activities so that millions of potentially eligible persons can avail themselves of the benefit if only they knew about it.

We believe that the $3.5 million appropriated under the Older Americans Act is a helpful beginning, but it falls short of the amount needed for a nationwide effort to increase SSI participation.

In your letter of invitation, you asked us to comment on the scope and findings of our initial SSI outreach study and the ultimate utilization of the findings in the design of the outreach programs.

Our involvement started in 1988 with funding from The Commonwealth Fund Commission on Elderly People Living Alone. AARP launched a pilot SSI outreach program in El Paso, Texas; in Pittsburgh, Pennsylvania; and in Oklahoma City, Oklahoma. In 1989, AARP expanded its outreach program to 10 new sites.

Currently, AARP is expanding its outreach activities to include other benefit programs. The 1990 outreach campaign will focus on Medicaid, Food Stamps, Low-Income Home Energy Assistance Program—LIHEAP—and a combination of all programs. There will be 20 new sites modeled after the SSI outreach project.

At the conclusion of the third phase of our outreach program, AARP will sponsor a national conference at which local and national experts can exchange information on successful public benefit outreach techniques.

The major methods employed in our outreach effort included extensive use of the media, training of volunteers as SSI advocates, conducting community education presentations, and one-to-one counseling of potential applicants.

We discovered that certain key elements must be part of any outreach effort. These six elements are: one, use of a coalition approach. This provides the type of broad-based effort necessary to reach low-income older persons. Number two, establish one agency as the leader. Number three, the importance of person-to-person outreach methods. Use of the broadcast and media is critical. However, outreach must also involve training, community education presentations, and one-to-one contact.

Number four, training and community education. It is important to have ongoing training of advocates who are aware of changes in

SSI and can assist with public benefit issues in general and SSI in particular. Number five, involvement of the agency administering the program. We have found that an outreach project seeking to inform the public about a government program will be more successful if there is cooperation from the agency administering the program.

AARP established a good working relationship with the Social Security Administration—SSA—at the national level, as well as at the district office level, where outreach activities are conducted. Despite the fact that many local Social Security offices have experienced reductions in staff, these offices have assisted with training programs, provided materials, and suggested outreach techniques wherever possible. AARP believes that adequate staffing at the local level certainly will enhance future outreach efforts.

Then, number six, follow up with individuals referred to SSA. There is a much greater chance of filing a successful application if there was some follow-up by the agency referring the individual.

Our outreach efforts also included outreach to minority and non-English speaking populations. These groups require nontraditional methods of outreach. To be effective, outreach efforts to the minority community should comprise the following aspect: first, they must involve a minority organization or an agency which has credibility in the minority community.

Second, they should include bilingual bicultural staff or volunteers participating in the outreach activities. Third, the methods must be delivered in a language understood by the target audience. And fourth, potential minority applicants need to see that outreach efforts are targeted toward them with particular sensitivity to their culture.

We are unable to provide the Committee with the information it requested regarding application and award rates among specific subgroups. The data we received from SSA does not differentiate among applicants as to ethnicity or other criteria.

In order to conduct our outreach efforts, the association has assigned two full-time, Washington-based staff to the project. In addition, other local area staff assisted the project at each of our 10 regional offices. Each outreach site is staffed by the local co-sponsoring agency. This person works with the association and coordinates the coalition's activities.

You also asked us to highlight the activities conducted to link SSI outreach with Medicaid, the food stamp program, and LIHEAP. We agree with the Committee that advocates need to emphasize the linkage between SSI and Medicaid because many potential applicants do not know about it. The availability of Medicaid can serve as an incentive to apply for SSI even though the monthly cash benefit may be extremely low.

Since plans for our other new sites have not been finalized, we would be glad to provide the Committee with more information on the Medicaid linkage when it becomes available. Overall, AARP has had success with its SSI outreach efforts. Statistics provided by SSA show that overall SSI applications and awards increased dramatically in our outreach locations.

In conclusion, I would like to say that AARP has a strong commitment to improving the lives of lower income older adults. We hope to continue to expand our SSI outreach efforts in order to assure that future projects can be conducted effectively. Presently, we are developing an SSI how-to manual and videotape, which will provide interested communities with options for establishing their own SSI outreach.

If I may speak out on something else, I'm happy to state that in my hometown in Laredo, the Social Security office is starting their own coalition. They have taken this on their own without the assistance of AARP. We don't take the credit for all of this by any means.

While AARP is proud of its outreach effort, the association believes that voluntary efforts alone cannot meet the pressing national need. The Social Security Administration is the appropriate agency to conduct ongoing national outreach activities.

We look forward to a growing SSA role in increasing SSI participation. Thank you once again for the encore opportunity to appear before this Committee. I would be happy to answer any questions.

[The prepared statement of Mr. Carranco follows:]

AARP

STATEMENT

OF THE

AMERICAN ASSOCIATION OF RETIRED PERSONS

BEFORE THE

SELECT COMMITTEE ON AGING

AND ITS

SUBCOMMITTEE ON RETIREMENT INCOME AND EMPLOYMENT

UNITED STATES HOUSE OF REPRESENTATIVES

ON

OUTREACH IN THE SUPPLEMENTAL SECURITY INCOME PROGRAM

APRIL 5, 1990

American Association of Retired Persons 1909 K Street, N.W., Washington, D.C. 20049 (202) 872-4700
Louise D. Crooks *President* Horace B. Deets *Executive Director*

The American Association of Retired Persons (AARP) appreciates the opportunity to present its views on Supplemental Security Income (SSI) outreach efforts. We commend the committee and its chairman for their ongoing interest in an issue that can make a big difference in the lives of many low-income older, blind and disabled persons.

The Association urges Congress to adopt legislation to expand SSI outreach activities so that millions of potentially eligible persons can avail themselves of a benefit they could be receiving if only they knew about it. We believe the $3.5 million appropriated under the Older Americans Act is a helpful beginning but it falls short of the amount needed for a nationwide effort to increase SSI participation.

* * * * * * *

Implemented in 1974 to reduce poverty among the poor aged, blind and disabled, SSI provides a modest monthly cash benefit to eligible low-income persons. To qualify individuals must have very little income and also must meet a stringent asset test. The program is administered by the Social Security Administration (SSA) and funded out of general revenues.

Today about 4.5 million people receive SSI. Many millions more could participate if they were aware of the program and its benefits. Since 1974 there have been a number of studies and reports analyzing SSI participation rates. While there are some variations in the findings, most agree that the participation rate for those 65 and over is only between 50 and 60 percent of those who might be eligible.

Over the years, the Social Security Administration has conducted congressionally-mandated SSI outreach efforts through the mail. This approach to improving participation had limited effectiveness because it only reached those who are receiving Social Security benefits and who are literate and educated enough to take the appropriate action. Except for these efforts, SSA has not aggressively pursued ways of expanding SSI participation.

AARP is pleased that the current Social Security Commissioner Gwendolyn King has made SSI outreach a top priority. We welcome her commitment and leadership and hope that the $3.5 million appropriated to the agency by the Older Americans Act for outreach demonstration programs will generate a substantial increase in SSI participation.

I AARP's Outreach Efforts

In 1988, AARP, with funding provided by The Commonwealth Fund, Commission on Elderly People Living Alone, launched a pilot SSI outreach program in El Paso, Texas; Pittsburgh, Pennsylvania; and Oklahoma City, Oklahoma to evaluate SSI outreach methods. In each of these cities, AARP, with the active cooperation of the local area agency on aging, formed a coalition of public and private agencies to assist with the demonstration project.

In 1989, AARP expanded its SSI outreach program to ten new sites. In the spring of 1989 we worked in Sacramento, California; Asheville, North Carolina; San Antonio, Texas; Rutland, Vermont; and native American reservations in Wisconsin. In the fall of 1989, we added four more sites: Denver, Colorado; Winter Park, Florida; six rural counties in Iowa; and Portland, Oregon. This winter an outreach project was conducted in Essex County, New Jersey.

Currently AARP, with continued support from The Commonwealth Fund Commission on Elderly People Living Alone, is expanding its outreach activities further to include other public benefit programs. One of our goals is to expand enrollment of low-income older adults in a range of public benefit programs for which they are eligible. The 1990 outreach campaign will focus on Medicaid (four projects), Food Stamps (three projects), Low Income Home Energy Assistance Program (three projects) and all four programs (10 projects). The twenty new sites will be modeled after the SSI outreach project and will incorporate its strategies. At the conclusion of the third phase of our outreach program, AARP will sponsor a national conference at which state, local, and national experts can exchange information on successful public benefit outreach techniques.

II Staffing

The committee has asked that we describe the Association's staff commitment to the outreach program and on-site staffing arrangements. AARP has two, full-time, Washington-based staff assigned to the outreach project. In 1988 AARP staff was more directly involved with each of the pilot projects. Staff interacted extensively with local agencies and traveled to the locations on a frequent basis. In 1989, the staff of the local cosponsors assumed a greater role in developing and planning site activities, and the role of the Association's staff was more advisory than in 1988.

In addition to the Washington-based staff, AARP staff at each of our ten regional offices assisted the project. They provided media support, which is critical to the success of any project.

Each outreach site is staffed by the local cosponsoring agency. The local cosponsor works with the Association and coordinates the coalition's activities.

III Outreach Findings

AARP is continuing to evaluate the success of various outreach techniques for the general population as well as for specific subgroups. The major methods employed in our outreach effort included extensive use of the media, training of volunteer SSI advocates, conducting community education presentations, and one-to-one counseling of potential applicants. These methods can be easily adapted for the blind and disabled, groups we did not specifically target for outreach.

Some of the conclusions from the 1988 and 1989 outreach projects which we would like to bring to the committee's attention are:

1. Coalition Approach

Successful outreach does not require the creation of a new structure, instead a coalition of agencies can provide the type of broad-based effort necessary to reach the low-income older person. Groups which participated in the coalition include the area agency on aging, information and referral agencies, religious organizations, health care providers, utility companies, advocacy organizations and service providers to older persons. Although our projects have not focused specifically on the blind and disabled population, we have found it helpful to include these groups in the coalition.

2. Leadership of One Agency to Coordinate the Outreach Efforts

It is crucial that one agency take a leadership role. In 1988, the local area agency on aging served as the cosponsor of the outreach effort. In 1989, AARP entered into agreements with a variety of agencies to serve as local cosponsors. They included advocacy groups, minority organizations, legal services organizations, and information and referral agencies.

3. Importance of Person to Person Outreach Methods

Use of the broadcast and print media is critical. However, media alone is not sufficient. Outreach must also involve training, community education presentations, and one-to-one contact. It is important to utilize a variety of outreach methods because they tend to be complimentary of one another and less productive on their own.

4. Training and Community Education

The eligibility requirements for SSI are complex and changeable. It is important to have ongoing training of advocates who can assist with public benefit issues in general and SSI in particular. Also, on an ongoing basis, current benefit information should be brought to the attention of advocates and even potential recipients.

Training materials must be simple, understandable, and easy to follow. They should not try to make "intake workers" out of advocates.

5. Involvement of the Agency Administering the Program

We have found that an outreach project seeking to inform the public about a government program will be more successful if there is cooperation from the agency administering the program. AARP established a good working relationship with the Social Security Administration (SSA) at the national level as well as at the district office level where projects are conducted. Our relationship has grown from initial assistance in 1988 to active cosponsorship. In 1989, SSA cosponsored our Rutland site, and in 1990 we are requesting that SSA serve along with another local agency as a cosponsor in all sites. AARP believes a triple sponsorship involving the Association, a local agency serving older adults, and SSA maximizes effectiveness.

Despite the fact that many local Social Security offices have experienced reductions in staff, wherever possible they have assisted with training programs, provided materials, and suggested outreach techniques. At the sites with the greatest SSA staff cooperation, especially from a field representative or a designated SSI outreach person, the project was more successful. AARP believes that adequate staffing at the local level certainly will enhance future outreach efforts.

6. Follow-up of Individuals Referred to Social Security

Many groups that conduct outreach activities see their job as complete after a referral is made to SSA. The AARP project found that there was a much greater chance of a successful application being filed if there was some follow-up by the agency referring the individual to SSA to ensure that appropriate action was taken.

IV Outreach to Minority and Non-English Speaking Populations

Special attention must be paid to informing those not reached through traditional methods of outreach especially minority groups. It is important to recognize differences among minority groups and tailor outreach activities to the population being served. In 1988, AARP worked with the Hispanic community in El Paso, and in 1989 and 1990 AARP tested outreach methods with blacks in Essex County, native Americans on reservations in Wisconsin, and older Hispanics in San Antonio.

To be effective, outreach efforts to minority populations should be cognizant of the following:

- Outreach must involve a minority organization or an agency the has credibility in the minority community. For example, the older Indian population would not trust other organizations as much as they did the Great Lakes Inter-tribal Council. Great Lakes has service providers and case workers who have established a rapport with this population.

- There is a strong need to have bilingual/bicultural staff or volunteers participating in the outreach activities. For example, the El Paso project included working with local Hispanic churches, using the Spanish language TV and radio stations, translating publicity materials and videotapes into Spanish and using a bilingual outreach worker in the area agency on aging to answer SSI inquiries.

- Although the exact number of older people reached through translated materials is not known, it was clear that people need SSI information in other languages. At some sites, fact sheets were translated into multiple languages. For example, in Portland bilingual fact sheets were prepared for the Vietnamese, Chinese, Korean, Laotian, Cambodian and Hispanic populations. The fact sheets were stuffed in grocery bags.

- Potential minority applicants need to see that outreach efforts are targeted toward them with particular sensitivity to their culture. The Essex County kickoff event featured several black speakers including Commissioner Gwendolyn King who shared her childhood memories of Essex County with the predominantly black older audience. As a result, several in the audience volunteered for the project because they could identify with it.

At the San Antonio kickoff an AARP board member addressed a large audience of older Hispanics in both Spanish and English. When he switched from English to Spanish the crowd cheered and applauded loudly. This helped establish AARP's credibility with the media and the Hispanic community.

We are unable to provide the committee with the information it requested regarding application and award rates among specific subgroups. The data we received from SSA does not differentiate among applicants as to ethnicity or other criteria.

V Medicaid Eligibility

Advocates need to emphasize the linkage between SSI and Medicaid because many potential applicants do not know about it. The availability of Medicaid can serve as an incentive to apply for SSI even though the monthly cash benefit may be low.

In states where Medicaid eligibility is automatic for those receiving SSI, the connection was publicized in all the projects' activities and publications. In fact, some sites used Medicaid eligibility as an incentive to reach those older adults who thought they might only be eligible for a small SSI benefit and/or that the paperwork would not be worth the trouble. Potential applicants were advised they could receive free health care worth thousands of dollars.

In the four Medicaid projects AARP is currently sponsoring, we will be emphasizing the connection to SSI. Since the plans for all our new sites have not been finalized, we would be glad to furnish the committee with more information on the Medicaid linkage when it becomes available.

VI Documentation and Evaluation of Outreach Activities

Outreach sponsors should attempt to document their activities so others do not have to "reinvent the wheel". In addition, the success of the project should be evaluated. This evaluation should include not only a statistical analysis of the impact on applications and awards, but also on the relationships among agencies that participate in the outreach coalition.

Statistics provided by SSA show that overall SSI applications and awards increased dramatically in our outreach locations. In our 1988 sites, the application rate in the three cities increased by 97 percent and awards increased by 58 percent as compared to the previous three years.

In our five spring sites applications increased by 34 percent and awards increased by 32 percent over the same time period in the previous year. San Antonio and Sacramento experienced the largest increases. Applications in Sacramento increased by 40 percent and awards by 32 percent. In San Antonio, applications rose by 49 percent and awards by 45 percent.

Based on SSA-provided data, both AARP and the General Accounting Office (GAO) analyzed the effect of AARP's outreach activities. Both analyses show increases in applications and awards during the outreach period. However, AARP's statistical analysis indicates that its outreach activities were responsible for the increase in 8 of the 9 sites studied, whereas the GAO, using a slightly difference methodology, reports that AARP's outreach projects resulted in increases in 5 of the 9 locations.

AARP recognizes that incorporating national SSI application and award trends would have changed our analysis. However, we believe that in GAO's effort to normalize their data, they overcompensated for the cyclical/seasonal change in applications and awards over the period. Also, we think some important factors, such as a control for the amount of technical assistance provided at a site, should have been included in the GAO's analysis.

Despite the different analyses of the SSA data by GAO and AARP, the evidence clearly shows that outreach is an effective tool in increasing SSI participation among the elderly.

VII The Future

AARP has a strong commitment to improving the lives of lower-income older adults. One of the Association's major goals is to raise the income of poorer older Americans above the poverty line and the development of effective systems to prevent poverty in the future.

AARP hopes to continue to expand its SSI outreach in order to assure that future SSI projects can be conducted effectively. Presently we are developing an SSI "How To" manual and videotape, which will provide interested communities with options for establishing their own SSI outreach. AARP still would be available to provide some technical assistance to interested groups.

While AARP is proud of its outreach effort, the Association recognizes that voluntary efforts alone cannot meet a pressing national need. The Social Security Administration is the appropriate agency to conduct ongoing, national outreach activities. We look forward to a growing SSA role in increasing SSI participation.

Mr. **Hughes**. Thank you, Mr. Carranco. We welcome at this time, Mrs. Clark. Likewise, we have your statement which is made a part of the record. Mrs. Clark, we hope you can summarize for us. Welcome.

STATEMENT OF DEE CLARK

Mrs. **Clark**. Thank you. I would like to thank Congressman Hughes and the Subcommittee for giving me this opportunity to represent the elderly and disabled population of Atlantic County, New Jersey.

I am currently the respite personal care attendant coordinator for Atlantic County, which involves in-home care programs. We provide in-home care to people who are 18 years of age or older, so this puts us into contact with many people who should be, but are not, receiving SSI.

Another service that we will help them with is applying for SSI. At this point, the only thing we can do is to tell them to call the 800 number which, in and of itself, becomes another problem. Many clients have said that it has taken days and sometimes hours to get through.

This can be very frustrating to the individual, especially if you don't have a telephone in your own home. Can you imagine standing in a phone booth for hours trying to get through on an 800 number? They just give up. They don't even bother to apply.

The length of the processing time for an SSI application definitely needs to be shortened. I understand that because of the cutbacks in the Social Security Administration it has caused a hardship for this process. However, since Medicaid is one of the main reasons that many individuals apply for SSI, it can cause a real medical crisis.

We have a client who applied for SSI in July of 1989 and is still not receiving it. She has severe emphysema, and she is a diabetic. Her physician wants her to go into the hospital for further testing, but she refuses to do this because she doesn't have insurance, and she doesn't have the funds to pay for this. She has not received her medication for 2 months because she doesn't have the money to buy it.

We're in the process of helping her, with the Social Security Administration, in acquiring her SSI. Her doctor had quite a problem getting through on the number also.

There is a population within Atlantic County that should not be overlooked. I was amazed to find out that people who are already collecting Social Security—and they are below the SSI limit—are not informed that they may now be eligible for SSI and to apply at their local Social Security office. It seems to me with the computer technology that is available today that these people should not be falling through the cracks. Somehow, they should be informed that they are now eligible for SSI.

The fourth thing that I would like to talk to you about is utilization of local government. My suggestion would be to allow local government to take SSI applications. It is all well and good to say, "We're cooperating with local government." We're suggesting that they inform the people of SSI, but then when the people try to apply for SSI, they run into a lot of stumbling blocks. I think if local government could have the authorization to complete the SSI application when the homeless people come in, when disabled people come in, they would have the applications at their disposal and be able to complete them right there.

The fifth issue that I would like to talk about would be to form a network with private industry. There are many working caregivers who do not know of SSI, nor do the people that they are taking care of. These individuals do not have the time to watch talk shows or listen to the radio. If they pick up the newspaper, they may see something in there about SSI. Generally, when they get home from work, they're tired, and they want to be entertained. They don't want to think.

If the Social Security Administration could possibly set up a one-day seminar within large corporations and explain Social Security and SSI, they would be touching a virtually untapped audience.

The sixth issue that I would like to talk about is the application. That is a disaster. It definitely needs explanations. If you were to look at question 39 on page 11, it refers to third-party payment. I, personally, had to read that three times before I fully understood what it said. If you can imagine yourself being disabled and having the stress of dealing with trying to figure out what every question is inferring, you're not going to even want to bother with it.

We had a 23-year old quadriplegic sign up for SSI. At the time that he signed up, he was in great trauma. He was dealing with the fact that he would now be spending the rest of his life in a wheelchair. He decided to implement a lawsuit. He won the case. His lawyer received a letter from Medicaid putting a hold on $55,000 of his money. He called me and wanted to know why. I didn't know. I called the Social Security office, and I talked to several social workers. I reached a dead end. Nobody could tell me why there was a $55,000 hold on this gentleman's money.

I called him back. I said, "Could you please give me the name of the person that sent the letter to your attorney?" He did. I called the person. I was informed that it refers to the third-party payment that is on the application. When the person signs that, he agrees to repay Medicaid. He wasn't bothered about repaying Medicaid. What he was bothered about was he didn't know why he was doing it. That definitely needs to be explained.

I hope that my input and suggestions could prove to be beneficial to the Social Security Administration for finding alternative methods to alleviate some of the problems that they are facing.

I also want to interject one more thing. It would be more cost effective to the Social Security Administration to utilize local government. There are many social workers at their disposal. If they were to supplement an extra person, they could get 10 people for that one supplementation. If they were to fully staff every Social Security building, it could become very costly.

I'd be happy to answer any questions.

[The prepared statement of Mrs. Clark follows:]

PROBLEMS AND CONCERNS REGARDING SSI APPLICATION PROCESSING
AND
CURRENT SOCIAL SECURITY OUTREACH EFFORTS

Testimony presented by Dee Clark to:
The United States House of Representatives
Select Committee on Aging

April 5, 1990

I would like to thank Congressman Hughes and this sub-committee for giving me this opportunity to testify on behalf of the elderly and disabled population of Atlantic County, New Jersey. I have been employed by Atlantic County's in-home care programs since 1983 and am currently the Respite/Personal Care Attendant Coordinator. We provide in-home care for individuals who are 18 years of age or older. Included in this service is case management, which involves assisting these individuals acquire other services that they need and are entitled to that are offered in the community. One such service includes assisting clients who may be eligible for SSI.

The cutback on staff within the Social Security System has had a definite impact on the population in question. People complain that it has taken hours and sometimes days to get through to phone workers. This is especially difficult for clients who do not have a telephone at their disposal and must place the call from a pay phone. Quite often they become so frustrated that they just give up. If the individual is fortunate enough to get an answer at the 800 number they are informed that someone will return their call to take a telephone application. When people try to explain to the worker that they do not have a telephone, they are told to give a number where that can be reached. In many instances the worker is talking to someone who does not have the availability of such an individual.

For clients fortunate enough to have a telephone, the return call is not a problem. This is, until they receive the call. Many of our clients have complained that they became nervous and felt intimidated by the person to whom they were speaking. They had a difficult time understanding the information being conveyed and the questions being asked.

This lack of understanding can be attributed to many factors, the biggest of which is the population in question, those being the elderly and/or disabled. They are often confused and afraid of losing what they already have earned and/or are receiving as an entitlement. Also there is an inherent distrust of bureaucracy. These individuals feel especially intimidated by state and federal agencies, generally.

The impersonal contact of a telephone conversation does not help to alleviate these anxieties. As a matter of fact, in some cases, it does the reverse. The people feel rushed and frightened and hear only half of what is being said. In many instances the SSI worker cannot perceive this reaction during the telephone call.

Many clients, especially the elderly, feel there is a stigma attached to collecting SSI. They look upon this as receiving "welfare" and their initial reaction is not to apply. In this situation it takes personal contact and reassurance to the client that the program is for his or her benefit and is an entitlement. The ability to dispel this feeling is hard to accomplish over the telephone.

We now come to a completed telephone application. The individual is told to send certain original documents to the local Social

Security Office, i.e., birth certificate, etc. This creates the next stumbling block. Most individuals, especially the elderly and disabled, are extremely apprehensive about sending original documents through the mail. They now have a decision to make: "Do I take the chance on the documents getting lost, do I deliver them in person, or do I just forget the whole thing?"

If a client decides to deliver the documents in person, he or she would need some form of transportation to get there. In Atlantic County, and as I am sure in many other places, public transportation does not go to the Social Security Office. The distance from the closest bus stop is too far for the average individual, let alone an elderly or disabled person. The truth of the matter is, using public transportation is impractical. It makes you wonder how much thought was given to the elderly or disabled population when locations for the Social Security Offices are decided upon.

The Division of Aging and Disabled in Atlantic County does provide transportation to the Social Security Office for the elderly and disabled residents. In communities in which such a service exists it would most definitely be beneficial to the people to have the Social Security Office suggest to the client that they contact their County transportation office for transportation to the Social Security building.

I realize that due to the cutback of staff within the Social Security System, it is very difficult to give the time that may be necessary for each person's case. But is this fair to the individual applying for SSI? These are people who desperately need assistance. Quite often they need the medicaid insurance that goes along with SSI more than they need the supplemental income. So if these clients decide that the process is cumbersome and they do not understand the process and decide to give up, they are deprived of much needed medical attention and prescription drugs.

We have a client who is 55 years of age with severe emphysema and diabetes. She applied for SSI in July of 1989. Fortunately for her, she did not have to use the 800 number because she had the local Social Security number which made the application process much easier. They sent the application to her for completion. She completed it and returned it to the local office. On July 31, 1989 she received a telephone call telling her that it would take 3 or 4 months for a determination to be made and that everything would be retroactive from the date of her application. In November of 1989 the client received a letter from Social Security telling her to contact her doctor because they had not received his medical report. She immediately called her doctor and he informed her that he had tried several times on the weekend, because that is the only time reports can be called in, and he could not give his report because the machine was down. He them proceeded to send a letter through the mail. He received a letter from Social Security acknowledging the receipt of his letter. It also contained an apology over the inconvenience of the machine being down and that it had erased all reports.

About a week later the client received a letter from Social Security stating that she was denied SSI due to insufficient medical evidence. That same day she received a telephone call from the Social Security Office saying she was denied but she could file for an appeal. She received the telephone call on Friday and went to the Social Security Office on Monday to file her appeal. This took place the first week in December 1989. The client did not hear anything from Social Security until March 5, 1990. At that time she received a letter stating they had not received a report from her doctor.

The client went to her doctor's office the next day and was very angry with him. she said to him "you're telling me I'm to disabled to work and that I need to go to the hospital, but you are not giving Social Security the information they need so that I can receive medicaid to afford the recommended hospitalization?" She also informed the doctor that she had not taken her medication for two months because she did not have the money to get the prescription filled.

The doctor informed her again that he had tried several times to phone the number he was instructed to call. As in the past, the number was not working. He also told her he did not understand why Social Security turned her down after they received his first letter concerning her medical condition. In addition Social Security had reports from the hospital indicating her limited breathing capacity.

The client telephoned her doctor on March 23, 1990 and was informed by his secretary that he still could not get through on the designated telephone number.

When the client went in to file her appeal she recommended to the worker that Social Security send her to their doctor. She has had not response to that recommendation.

As of this date our client still is not receiving SSI and does not have Medicaid. Therefore, she cannot afford hospitalization and is unable to purchase the prescribed medication.

It seems to me that something is radically wrong with the system when you have an individual with this serious medical need still waiting for approval.

Fortunately for her, she has a physician who is willing to continue to try on her behalf. Further, you have a person who has not given up. Many needy individuals would decide it's just not worth it. Hopefully, this problem will be resolved before too much longer and she and others like her will be able to obtain the necessary medical attention they need.

This situation is not an isolated case. We get many clients who have run into similar problems. Many of these clients have become so frustrated at this point that they just give up. this is where a good follow-up system becomes imperative.

I believe the Social Security Administration should begin to look at additional forms of outreach and assistance. I would recommend that Social Security be asked to develop a format process to be carried out by County Offices on Aging, throughout the country. The offices on aging would be authorized to complete SSI applications in their respective locations, where applicable. A second recommendation would be to refer clients who have been denied SSI to their local Office of Aging. The Social Security Office should give them a telephone number and contact person. They should not just be given a blanket statement to contact their local assistance office.

We do have people come into the office with SSI applications that need to be completed. They have received these applications in the mail but are unable to understand the questions being asked. Other reasons clients bring their SSI applications into the office are that the waiting period to see someone is shorter, they feel more comfortable about asking questions, they don't feel rushed or intimidated, and in Atlantic County the Office on Aging is accessible by public transportation.

At one time the Atlantic County Medicaid Unit had a liaison with the Social Security Office. This individual could photocopy needed documents, i.e., birth certificates, marriage licenses and death certificates. He or she would attach a letter stating that they saw the originals and that these are true copies. This process was stopped by the Social Security Office with no explanation. This has had a negative impact on the potential clients desire to proceed with filing for SSI. There are individuals who will not, because they are afraid the documents will get lost in the mail, send their original documents. These people just let the matter drop. That does not mean they do not need SSI and medicaid, it just means that their fear and mistrust overpowered their need.

When you are dealing with 80 and 90 year old people, the fear is very real and overpowering. These items are very precious and valuable to them.

You have a hard enough time convincing them that they should even apply for SSI. Some of these individuals are living on $285.00 a month and are barely able to put food on their table. They should not be deprived of SSI and Medicaid because they won't send out original documentation.

Many people applying for SSI are hearing and/or visually impaired. How could this type of client be expected to do a telephone application or even complete one that is sent to his or her home? These individuals may need a home visit to complete their SSI application.

If Social Security were to eliminate the expense of having an 800 number and have people call their local Social Security office, the savings could be used to provide much-needed in-home processing. Using local Social Security telephone numbers would also prove less inhibitive to individuals applying for SSI. The people would feel that they were dealing with case workers familiar with their problems.

With the funding and staff available, I believe the Social Security Office located in Atlantic County is trying to reach a large segment of the population. They have representatives appear on television and radio and speak to various groups in the county. Even with this outreach there is still a large population they are not reaching. There are many clients who do not have a television and the ones that do may not view talk shows. In addition you have the visually impaired client who does not watch TV. Radio shows do not reach the deaf population. When speaking to groups, the cross section of many of the groups lectured to will be very similar. This is because the same people attend many meetings. A procedure needs to be implemented where Social Security can reach a good cross section of the population.

There are individuals who are 70 and 80 years old who started collecting Social Security when they were 62. They have a monthly income of $325.00 and do not know that they may be entitled to receive SSI. I was amazed after having a meeting with an individual at the Social Security Office that these people are not red flagged by the computer and informed that they might now be eligible for SSI. I recommend that Social Security look at this method to increase SSI recipients.

Many clients who call our office for in-home care are receiving Social Security payments below the income eligibility limit to qualify for SSI and this is their only source of income. When they are asked why they are not receiving SSI, they want to know what it is. So we proceed to explain what SSI is and recommend they call the 800 number for an application. It seems to me that this is one segment of the population that should be aware that SSI exists. Social Security is already sending them a check and they certainly know how much the individual is receiving. There should be a system in place that would notify these individuals that they might be eligible for SSI and to contact their nearest Social Security Office or Office of Aging to complete and application.

Another segment of the population that needs to be made aware of SSI is parents with disabled children over 18. The lack of knowledge is not as great in this population as it is in the elderly population but it does exist and should be addressed.

As part of an outreach effort, it might be beneficial to visit the personnel offices of large companies and arrange one day on-site seminars to explain SSI and Social Security benefits. This would give you exposure to a generally untapped audience of working caregivers of elderly and/or disabled parents, relatives and friends. You could possible utilize the local private and governmental agencies to assist in this process.

The application in itself can create anxiety and confusion with the elderly and disabled.

Question 18 a b c on page 4 of the 15-page application is confusing to some applicants. They do not understand what "rent liability" means and they do not understand that 18 d interacts with a-b-c. They do not realize that payment and liability are the same. As a matter of fact, questions 18 to 21 would be extremely difficult for an individual who is under stress due to physical and or emotional disability. We must remember these are vulnerable, frightened individuals filling out an application for a governmental agency; and they are fearful of making a mistake.

In question 24 of page 5 of the 15 page application, you can just hear them asking, what is an unprobated estate?

Can you imagine a confused elderly or disabled person answering question 26 on page 6 without assistance?

Question 28 on Page 7 of the 15 page application. The first questions you would be asked is, what is a resource?

Question 32 - An elderly person would probably say does that mean I have to tell them I got a birthday present? This isn't meant to be funny! A frightened elderly person would interpret that to mean all gifts. As a matter of fact I am not sure these would not be included.

Question B9 on page 11 of the 15 page application definitely needs to be explained in lay language. We are not dealing with lawyers, we are dealing with elderly and or disabled people, whose thinking processes are often affected by age or affliction. Even without a problem this question is difficult to understand. We have a client who had a diving accident at age 23. As a result of this accident he became a quadraplegic. At that time he had not decided to implement a lawsuit. He and his family were busy dealing with the trauma of the accident. They had to deal with the fact that he would be spending the rest of his life in a wheelchair. This was enough to handle both emotionally and physically. He applied for SSI and was approved. One and a half years after his accident he decided to implement a lawsuit which he won. They made settlement the beginning of this year at which time he was informed that medicaid had put a hold on $55,000.00 for medical treatments he had received and medicaid reimbursed.

He called me to find out if this was normal and why he had to pay all of this money. I had to admit I had never heard of this particular situation before. However, I told him I would check into this and get back to him. I proceeded to make several telephone calls and spoke with many individuals over a three day period. I spoke with the Social Security Office and several social workers. These calls led me to a dead end. Everyone I spoke with never heard of this requirement including the Social Security Office. I called the client back and informed him I was getting nowhere with an answer. I asked if he could give me the name of the individual who had sent the letter to his attorney. The client supplied me with the name and telephone number of this individual who was based in Trenton. I proceeded to telephone this individual and he was quite informative. He explained to me that on the SSI application there is a statement about third party payment. I asked if it specifically made mention of lawsuits. His reply was "no". It merely states third party payment and that the individual signs the application. I asked if this statement is explained to individuals when they are completing an application. He was under the impression that is supposed to be explained.

I then called the client and explained to him that when he completed the SSI application there was a paragraph on that application that referred to third party payments and that he agreed to this procedure. I asked him if it was explained to him what third party payment meant. He stated he could not remember but he did not think so.

Since my involvement with this situation I have spoken to several of our clients who are receiving SSI and asked them if they remember seeing reference to third party payment on the application? Also, if they did remember, was it explained and did they understand what it meant?

Several clients did not remember the statement and not one was told what it meant. A few people remembered seeing it and when I asked them to tell me what it meant, they replied, if you have other insurance they must pay your medical bills first. There was not one client who fully understood what that paragraph was stating.

It seems to me that when something as important as third party payments can go unexplained and the whole process of completing applications is done as quickly as possible, it comes as no surprise that clients feel rushed and intimidated and are afraid to ask too many questions.

I realize the workload in the Social Security Office is tremendous, even more so since the cutbacks. But I don't believe that alternative solutions can't be found. I repeat, the Social Security System needs to utilize the local County Offices to handle some of the workload. They need to allow other Governmental Agencies the flexibility of completing SSI applications. This would save on the wear and tear of the clients and on the Social Security Administration. It would probably be more cost effective to supplement the local government's staff then it would be to add numerous personnel to the Social Security Offices.

Since I am physically not at the Social Security Office I can't say whether or not other Federal Programs are discussed with the people applying for SSI. Some of the people I come in contact with do have other programs such as Medicaid, heat and energy assistance. I don't know how they acquired the knowledge of these programs being available. I only know that they have them. The people I come in contact with who do not have heat and energy assistance and are entitled to receive these benefits are assisted in acquiring them.

There are other benefits to which these people may be entitled that they might not be aware of. But once again, Social Security would have to think about eliminating the 800 number and have the local Security Office receive the initial contact. I know that Atlantic County has a one-page brochure that can be made available to the Social Security Office. This brochure explains programs that are available in Atlantic County along with a telephone number and the person to contact. This could be given to every individual applying for SSI or Social Security. And again you are bringing networking into the picture.

In summary I would like to make these recommendations:

1. Eliminate the 800 number.
2. Implement a procedure that would shorten the length of processing time.
3. Analyze current computer programming.
4. Implement a formal process by which local government agencies do intake.
5. Revamp outreach efforts by networking with private and local governmental agencies.

6. Do in-home applications.

I hope my input and suggestions will result in facilitating the Social Security Administration to operate in a more affective and efficient manner.

Mr. HUGHES. Thank you very much, Mrs. Clark. Ms. Jerry? Welcome. Likewise, we have your statement which, without objection, will be a part of the record. Please summarize for us.

STATEMENT OF DONNA E. JERRY

Ms. JERRY. Thank you. I am currently the Director of Project SIGN-UP, an SSI outreach project being carried out in the city of Boston, targeting primarily the Latino and Asian communities.

In the interest of time, I'm going to focus my comments on the experiences and barriers we've documented during the course of the project while assisting clients through the application process, and then also focus on some of our findings from the final report.

There seems to be a disturbing pattern of problems which seem to limit access to the SSI program. They primarily fall into two areas: those which stem directly from SSA and those which stem from attitudes of people who are potentially eligible. I'd like to outline these very briefly.

In terms of SSA, problems which stem from the lack of sufficient staff include: long waits in Social Security offices, delays in processing cases and post-entitlement work, shortcuts which include not telling people about food stamps or refusing to take food stamp applications, intimidating or rude behavior towards clients, preferential treatment of applicants or beneficiaries who have their Congressional offices or advocates with clout intervene on their behalf.

Also, there are problems which stem from lack of information about SSI and perceptions the general public holds. During our project there seemed to be a lack of outreach and public information activities in the Boston area. Likewise, there was almost a total lack of bilingual staff. In fact, we found that only 4 percent of the people who heard about SSI and contacted Project SIGN-UP had heard about the SSI from Social Security or another government agency. When we looked at the surnames of the 4 percent who indicated they had heard about SSI from SSA we found that almost all had been referred to the project by the Roxbury Social Security office because they didn't have sufficient bilingual staff. They did not have the capacity to assist people through the application process.

It is interesting that the GAO findings mentioned earlier demonstrate that almost half of the Social Security offices spend 10 hours or less per month on outreach activities. In addition, there was a 49 percent decline in field representative positions and 78 percent of the offices pointed out they don't feel they could conduct effective outreach with the number of staff they have now. We certainly experienced the effects of all of these findings and there certainly wasn't the potential or the capacity for SSA to conduct outreach.

We also found that there was almost no dissemination of literature. For example, only 2 of the 17 agencies we worked with, who served largely the innercity areas, had ever received any materials on SSI or had seen a field representative.

I also attended two training sessions Social Security conducted to a group of about 60 to 80 elder advocates. In one case, the Social Security representative brought literature on every program except SSI. I talked with her about why there were no booklets on SSI, and she said, "We just don't have any in our office, so I couldn't bring any." Consequently the elder advocates almost left the training without any literature about SSI. Fortunately, I had some brochures in my car and was able to give her some so she could get them out before she left.

Also, there was another SSA office we visited which had SSI literature on their racks, which had income and asset information that was 2 years old. They were continuing to give that information out to individuals who came in. In the third case, Project SIGN-UP and SSA compiled a leaflet about SSI. When I was near one office one day, I checked to see if they needed more leaflets. None was out, so I talked to someone at the front desk and asked if they had any more of these leaflets. She said, "Let me take a look." She looked at the leaflet, then pulled out a huge stack from behind the desk. She said, "Oh, we have plenty of them, but we just never put them out."

There also seems to be constant misinformation which gets released, especially about income requirements. Social Security often publishes just the Federal benefits so States—which are incorrect in 27 States which supplement the Federal SSI benefit. Often times, local SSA offices will then republish such information in a local newspaper, which only reinforces the incorrect information that communities already have, and people self-select out of the process assuming they are simply not eligible because they have more than $384 a month in income.

Also, literature and correspondence is written at a reading comprehension level which far exceeds that of most eligible persons. The inability to get through to SSA by phone is an increasing problem which everyone has mentioned. Also, the high percentage of incorrect information one receives when they do reach a Social Security office is also problematic. I know there is one GAO study which points out that the error rate for information given out to the general public on SSI is three times the error rate for general information on Social Security.

Then, there are those barriers that stem from negative perceptions of those who are potentially eligible. They include: fear of government; lack of transportation; which sometimes inhibits someone's mobility so they are unable to apply; a feeling that SSI is welfare and the stigma attached; and most importantly, the very high functional illiteracy rates of the majority of those who are eligible for SSI.

In regard to outreach and our findings, we found that no single method was capable of reaching all persons, that media generated a lot of calls but, relative to other outreach methods, it did not identify as many people who were actually eligible once they were screened. In fact, less than 10 percent of the clients who were awarded benefits heard about SSI directly from the media; whereas 78 percent of the people who heard about SSI and applied, heard about it directly from another person they trusted, be it a family member, a clergyman, a social worker, or one of our outreach workers.

The significance of this is that most eligible nonparticipating persons tend to be more isolated and less connected to institutions. It also points out the importance of targeting media to friends, neighbors, and relatives, and having public service announcements that would say something like, "Let me tell you about my neighbor," and on from there, so that it gets people thinking that although it doesn't affect them personally, it may affect someone whom they care about and could pass the information on to.

Also, the helpers diminish the reservations a person who may be eligible may have if they feel it's welfare and apply some sort of stigma to it. In all likelihood, the family member or neighbor would present the program in a very positive light and encourages them to go the next step to make a phone call to apply.

We also found that 30 percent of those who applied were already receiving Social Security. I suspect that the number for native U.S. citizens receiving Social Security is probably much higher because we were dealing with mostly nonnative born clients, so there were fewer people who were eligible to receive Social Security. Social Security probably has the potential to identify a significant number of potentially eligible, nonparticipating person just through scans of their files of Social Security beneficiaries.

Our project also found that social service agencies do not have the capacity to conduct outreach on a long-term basis without money and special staff. We had staff whom we placed at agencies and we gave them money to have that staff on board for the period of outreach. We found that the majority of social service agencies, especially now with cutbacks, cannot do that much outreach unless they have a special pot of money from which to use for outreach. Outreach becomes more fragmented and diluted if it isn't something that's institutionalized within SSA and is ongoing, so that not only people in a 3-month period or an 18-month period will be lucky enough to find out about SSI and get enrolled, but outreach will continue on an ongoing basis so as to assure access for those eligible.

Although SSA has had an exemplary performance in serving the public until recent years, downsizing has eroded SSA's ability to really deliver quality service to the public. Downsizing also coincided with a dramatic increase in the over-65 population. In addition, it coincided with additional responsibility for food stamps, disability worker's incentives, LIHEAP, and an astronomical increase in requests for Social Security numbers due to tax, and immigration reform. In turn, these changes have placed unrealistic workloads on the remaining staff.

You have to ask what impact all this has had. Well, hundreds of thousands of people were thrown off SSI in 1982. Fortunately, most of them were placed back on through the diligent work of the legal advocates. Just recently, in December, many people were thrown off SSI. Eighty-four percent of those who were being redetermined for SSI eligibility were thrown off SSI when they should have been continuing to receive SSI. In fact, they were flagged as persons who would require follow-up with SSA before terminating them from the SSI program.

At this point, we are now dealing with the effects of years of neglect which has left a myriad of barriers, an uninformed public, an inadequately trained and demoralized staff, and a 50 percent chance, on the average, of getting through by phone. In addition to that, even though SSA is supposed to fill out the food stamp applications and tell people about food stamps, in reality we have found that they rarely do.

One Social Security office, when we began the project, quite honestly said, "We don't even have any food stamp applications. We have never filled them out." Just recently, I got a call from a social worker who finished the SSI application and requested the claims representative to fill out a food stamp application. The claims representative said, "We don't do food stamp applications." She said, "Well, I'm not sure if that's the case. May I use your phone?" She called Project Sign-Up and said, "It's a pure SSI household. Does my client have the right to apply for food stamps." I said, "Yes." The claims representative again refused to complete the food stamp application. I then called the manager of this SSA office and discussed the nature of the problem. He reluctantly agreed to make sure that his staff person did, in fact, fill out the food stamp application. If the social worker, who was not one of our outreach workers, had not been so aggressive then certainly the client would not have been able to fill out the food stamp application.

It seems that so many of the problems, the barriers, are intimately tied to the staffing problems. Certainly, after working in depth in this area for the past 18 months, the recent proposal calling for consideration of 4,000 new employees in fiscal year 1991 is certainly one which warrants some consideration.

In fact, since SSA has 1,300 local offices, that really means only 3 new people per local office. I'm quite sure that managers would be able to integrate those people into their workforce.

Thank you.

[The prepared statement of Ms. Jerry follows:]

Families
USA
Foundation
Families United for Senior Action

Statement
By
Donna E. Jerry
Director, Project SIGN-UP

Before The
House Select Committee on Aging and the Subcommittee on
Retirement Income and Employment
U.S. House of Representatives

On
Outreach in the Supplemental Security Income (SSI) Program

April 5, 1990

25 WEST STREET • BOSTON, MA 02111 • 617-338-6035 • FAX 617-451-5838

Formerly The Villers Foundation

Mr. Chairman and Members of the House Select Committee on Aging and Subcommittee on Retirement Income and Employment,

Good morning. My name is Donna Jerry and I am the Director of Project SIGN-UP, an SSI outreach project carried out by the Boston Office of Families USA Foundation in partnership with several community-based organizations. I am pleased to be invited here today to discuss the project as well as some of the results.

Before I begin I would like to commend Commissioner King for her outspoken commitment to improving SSA's outreach efforts. The $3.5 allocated to SSA for outreach is an important first step in reestablishing outreach efforts to vulnerable elderly, disabled and blind persons. We look forward to its implementation and would be happy to share any information with the agency or grantees which would be useful in crafting new outreach initiatives.

A preliminary survey of Boston social service organizations serving linguistic, ethnic and racial minorities was conducted in 1987. It revealed a disturbing pattern of problems which appeared to limit access to the SSI program especially for minorities and non-English speaking persons.

Later that year Project SIGN-UP was initiated targeting the Latino and Asian communities in Boston. A partnership was formed with two key agencies serving each of these communities and outreach workers were hired and placed at these agencies. Outreach was later expanded on a limited basis to serve the English- speaking population at large, through the development of a media blitz and use of existing social service agency staff.

The outreach model used by Project SIGN-UP consisted of the following components: one-to-one outreach by bilingual, bicultural outreach workers; canvassing and extensive networking with both informal and formal networks; a media blitz which utilized radio, commercial and cable television programing in English, Spanish and Chinese as well as daily and weekly newspapers printing in English, Chinese and Spanish; on-going training for project staff as well as for community social service providers; legal back-up for the appeals process; and referrals for clients who needed assistance with other problems.

Since one of the goals of Project SIGN-UP was to explore the effectiveness of various outreach methods, we utilized several techniques. Outreach workers conducted presentations at senior centers, clubs, events and meal sites as well as community and Chinese family organization events. In addition outreach workers arranged with clergy to give presentations at the end of church services. Volunteers were posted at each church exit and distributed leaflets to all. A brief outline of the project and phone numbers were also published in church bulletins. Outreach workers also frequented markets and shopping malls in inner city areas, as well as visiting food pantries and shelters where they talked to people and handed out leaflets in addition to distributing leaflets in low income neighborhoods. The project also worked closely with and arranged for leaflet dissemination with many organizations which deliver services in the home such as the visiting nurses, friendly visitors, personal care and chore workers. This was necessary in order to provide information on SSI to those who are most isolated.

In addition to the one-to-one work, a three month intensive media blitz was initiated. With the help of cable television, a one hour live call-in program was aired. Project SIGN-UP staff appeared on television and radio talk shows programed in English, Spanish and Chinese. Some stations also aired project public service announcements. English, Spanish and Chinese language print media, including both weeklies and dailies were used.

Because Project SIGN-UP was time-limited, a coordinated effort was made to raise the level of expertise among the existing social service providers through SSI training seminars. Because the rates of turnover among social service personnel is high, Project SIGN-UP provided in-service training on SSI to social service agencies on an on-going basis. This training component made it possible for agencies to more accurately identify eligible persons and assist clients with the application process.

Based on these activities, the following results were documented.

BARRIERS

During the course of the project, barriers first identified by the preliminary survey conducted in 1987 were confirmed through experiences documented by Project SIGN-UP. Access barriers fell into two categories, those stemming from SSA practices and those rooted in perceptions held by potentially eligible persons themselves. The most prevalent barrier stemming from practices of the Social Security Administration is the lack of public awareness about SSI due to a paucity of publicity, outreach and very limited dissemination of literature about the program in any language. Existing literature on SSI also poses obstacles because it is written at a reading comprehension level which exceeds that of most eligible persons. Only two of the seventeen organizations we worked with serving the inner city indicated they had received information from SSA or had been visited by a Field Representative. A lack of bilingual staff, especially in the SSA office serving the inner city area, presented serious barriers to access. The complexity and invasive nature of the SSI application form was also significant especially in light of the high functional illiteracy rates among eligible populations in their native language as well as in English. Other barriers such as lack of sufficient staff which in turn caused long waits, little or no assistance from SSA staff with collecting documents, as well as uncivil or intimidating treatment of social workers as well as clients, were also documented. Inability to get through by phone to Social Security offices as well as the 1-800 number posed significant barriers to application from potentially eligible persons. We also found that the incidence of incorrect information given to the public as well as our outreach workers was very high due to limited training provided to SSA staff.

In addition to these barriers, there are others which are rooted in perceptions held by persons who are potentially eligible for SSI. Many of those who are eligible for SSI in the Latino and Asian communities have fled repressive regimes or have had negative experiences with government in their countries of origin. Consequently, they fear that giving too much information to a government source could get them or their family members into some sort of trouble. Outreach workers indicated that many of their clients who were eligible thought they would lose their small Social Security benefits if they applied for SSI and were therefore reluctant at first to accept assistance with application. When clients did have some information about SSI it was often erroneous or dated. Others viewed the SSI program as "welfare" and did not want to be associated with it for that reason alone.

These barriers, caused by the perceptions by applicants themselves in regard to SSI, point to the need to repackage and market the SSI program and to emphasize values which are more sensitive to issues of pride and independence which many older people feel. Transportation to and from Social Security offices was also a problem for persons in the targeted communities. For the most part, people are not aware they can apply by phone. However, due to the urgent need for translation, coupled with personal preference to apply in person, contact or filing applications by phone is not a workable option for non-English speaking persons. Lastly, the small cash benefits received relative to the amount of red tape was perceived to be a barrier, though not a major one in the Asian and Latino communities.

The end result is that significant barriers to access exist every step along the way in the application process. Collectively, these barriers work to discourage potentially eligible persons from getting important social and health benefits to which they are entitled. If access and participation in the SSI program are to be increased, each of these barriers must be reversed or eliminated.

OUTREACH

1. No single outreach method is capable of reaching all eligible persons. Therefore a variety of techniques must be utilized.

2. Media is important and effective in raising the level of awareness among the general public but is not effective in DIRECTLY reaching people who are potentially eligible. During our media blitz, calls from people who wanted to know if they were eligible for SSI tripled. However, the majority were not eligible for SSI. In fact, only 9.7% of our clients who were approved for SSI benefits heard about it directly from the media. However, as the following finding indicates, media serves a useful function in educating the general public who, in turn, passes the information on to a person known to be having difficulty making ends meet. Media pitches should be aimed at family, friends and neighbors, "helpers", as well as those potentially eligible.

We found this finding to be true of presentations at senior centers, meal sites and clubs. Although presentations on SSI were delivered at senior centers, clubs, meal sites, housing and events only .5% of our clients who were awarded SSI benefits had heard about SSI directly from a presentation. The elderly who attend events and presentations are more social by nature and are fairly knowledgeable about benefits and programs available to them. Generally we found that most people, who after the presentation, indicated an interest in applying for SSI were either already on SSI and did not know it or were not eligible. This tends to validate the conventional wisdom which indicates that elders who are connected to community organizations and live in elderly housing are generally better informed about programs for which they may be entitled. Conversely, it also indicates that eligible but nonparticipating elders are more likely to be more isolated and therefore harder to reach through less personal channels. However, delivering presentations on the topic of SSI to seniors who are more socialized and integrated into the community and encouraging them to pass the information on to a friend who may be more isolated may indirectly reach eligible persons.

3. Family, friends, neighbors and other trusted persons are crucial in identifying eligible persons, providing information and encouraging them to apply. Seventy-eight percent (78%) of clients who were ultimately approved for SSI found out about SSI from a family member, friend, neighbor, or trusted professional. This finding indicates several points. First, it illustrates the importance in targeting general SSI media pitches to "helpers" who have regular contact with isolated persons not easily reached by less personal outreach techniques. Second, such "helpers" are generally fully aware of a family member or friend's financial hardship and often cannot provide additional financial assistance beyond what they are already contributing. Therefore the "helpers" are very likely to give the individual information on SSI. Third, the "helper" serves to diminish any reservations the potentially eligible person may have about SSI by referring to the program positively and by encouraging them to apply. Fourth, the finding also indicates that persons most likely to be eligible are more isolated from institutions and social service organizations and can be most effectively reached through personal appeals.

4.The Social Security Administration and other government agencies need to do a better job of informing people who receive Social Security of their eligibility for SSI. Thirty percent of our clients who were approved for SSI, most of whom were not native born U.S. citizens, were already receiving Social Security checks but had never been informed by SSA of their possible eligibility for SSI. Thus it is likely that the percentage of SSI-eligible persons who are native born and receiving Social Security is even higher. All could be encouraged to enroll in the SSI program if SSA were to mail each a letter which indicated they would be contacted personally by an SSA representative. Based on Project SIGN-UP's experience, it would be necessary to have sufficient number of staff to follow-up with each potentially eligible person to ensure application and submission of required documents. A letter mailed to Social Security beneficiaries alone will not be sufficient.

Additionally, only 4.1% of our clients who were approved for SSI heard about it from Social Security or another government agency. Further analysis revealed that the majority of this group was Latinos and although they were told about SSI by the Roxbury Social Security office, they were referred to Project SIGN-UP because the SSA office did not have bilingual staff to serve them. Certainly a formal referral system between government agencies would reduce the number of persons lost to the system.

5. SSA must be responsible for conducting on-going outreach and networking with social service providers in an effort to identify eligible persons. If outreach is to be successfully carried out long term, it must be institutionalized within SSA. Since SSA is the only place one can apply for SSI, Social Security should have Field Representatives who are responsible for carrying out a full range of outreach activities which would include intensive networking with the social service provider network, especially those who deliver in-home services. Social service agencies should not be expected to conduct outreach for SSA unless staff and money are provided. Most social service providers do not have the staff or low enough caseloads to allow them to conduct on-going or intensive outreach for extended periods of time. Social service agencies can play an important role by identifying persons who may be eligible and for making arrangements for clients to apply on their own or to apply through an SSA Field Representative/Outreach Worker outplaced at a social service agency.

The Social Security Administration has until recent years, had a reputation for exemplary performance in serving the public. However, since 1984 downsizing has eroded SSA's ability to deliver quality service to the public. Downsizing also coincided with an unprecedented increase in the over 65 population as well as with additional workload responsibilities placed upon the agency for Food Stamps, disability work incentives, low income home energy assistance program and increased requests for Social Security numbers generated by changes in tax and immigration laws. The combination of these factors placed totally unrealistic workloads on the remaining staff.

During the 1980's, SSA's emphasis on the SSI program further diminished. In 1982, hundreds of thousands of persons were thrown off SSI only to be reinstated after vigilant advocacy by legal services and other groups.

Field Representative positions, responsible for the majority of outreach, were reduced by 49% nationally between 1985 and 1989. Currently in Boston, the SSA office serving the inner city neighborhoods has no Field Representatives and consequently performs little or no outreach to poor people served by that office. In addition, national public information activities were reduced by 43% between 1985 and 1989. The result is that outreach has become sporadic at best and is not targeted at low income populations.

Thus in 1990 we are dealing with the effects of six years of neglect. In its wake, is a myriad of systemic barriers which make successful negotiation of the application process nearly impossible without advocacy; an uninformed eligible population, and an inadequately trained and demoralized SSA staff. Contact by phone is problematic at best due to the sole reliance on the 1-800 number where you only have a 50% chance of actually reaching anything more than a busy signal.

Project SIGN-UP staff found that although SSA Claims Representatives are supposed to tell people about Food Stamps and complete applications for eligible persons, the reality is that Claims Representatives rarely do. At the beginning of the project, one SSA office said they had never completed Food Stamp applications and did not even have a copy of the application in the office. Another SSA Claims Representative refused to complete a Food Stamp application for an eligible SSI applicant when requested by a social worker. The social worker then called Project SIGN-UP from the Social Security office for help. The manager of the SSA office was called by Project SIGN-UP and the Food Stamp application was completed.

Social Security offices often give preferential treatment to advocates or congressional offices who call on a client's behalf. They know they will be scrutinized until the cases are resolved. However, for the social worker from the small community agency serving the poorest neighborhoods or for the client without an advocate, applications and inquiries, although equally important, get dealt with as time permits. Social Security staff have been forced into regularly using shortcuts and playing games which hide the true depths of the agency's problems especially in the area of staff shortages.

The real tragedy is that during the 1980's hundreds of thousands of people reached 65 and beyond or became disabled or blind knowing little or nothing about SSI. They remain unenrolled which means they have also lost out on associated benefits available in many states such as Medicaid, Food Stamps and LIHEAP benefits.

Years of neglect, in the name of cost saving, has taken its toll. If SSA is serious about really making a change in access to the SSI program, many changes need to occur. Permanent, targeted and appropriately designed outreach campaigns which emphasize one-to-one methods and complementary media component will be required. Based on Project SIGN-UP's experience, to be successful, outreach efforts must be institutionalized within SSA and adequate staff must be committed to carry out these labor-intensive responsibilities on a full-time basis. In addition, more staff in local offices will be required to process the increased rate of inquiries and applications if outreach efforts prove successful. Conducting outreach raises public expectations. If SSA does not have the internal capacity to handle yet another increase in workload, SSA runs the risk of crippling the entire system.

There also needs to be recognition that SSI beneficiaries are composed of special needs populations and cannot be effectively reached using impersonal methods with no follow-up by staff. The devastating consequence of ignoring this fact was most recently illustrated when Social Security found that of persons being redetermined for SSI, most of whom were very elderly or mentally impaired, 84% were terminated from the SSI program improperly. Although these cases were flagged as ones requiring follow-up by SSA staff, such steps were not taken.

Without adequate staff and follow-up capability, coupled with full recognition of the systemic barriers to access and measures to eradicate them, low participation and the anguish it inflicts upon the poor and their families will continue to take its toll. The recent proposal supporting an increase in the Fiscal Year 1991 budget for 4,000 additional staff for SSA is one which warrants serious consideration. Adequate staff would certainly ameliorate many of the problems and barriers to access which continue to plague the SSI program.

TESTIMONY SUMMARY

The testimony I will present at the April 5, 1990 hearing on Outreach will provide an overview of Project SIGN-UP. I plan to focus my testimony on the disturbing patterns of problems with access to the SSI program we documented during the course of the project which fall into two categories. The first set of access barriers are rooted within SSA which include lack of sufficient staff, delays in processing cases, long waits, withholding information and lack of information. I will also weave in examples to illustrate the barriers, their effect on elderly and disabled clients and how they impact low participation rates. The second set of barriers are rooted in perceptions held by individuals who are potentially eligible which include fear of government; stigma; and lack of transportation.

The rest of my testimony is devoted to findings regarding outreach based on our experience working in low income linguistic minority communities in the City of Boston. Those findings include the following points:

1. No single method of outreach is capable of reaching all persons.

2. Media generates many calls from people who are interested in applying but relatively few are actually eligible.

3. Most elders who regularly attend meal sites, senior centers etc. are either already on SSI or are not eligible. It is the isolated elder who is not connected with institutions who is most likely to be eligible and remain unenrolled.

4. 78% of our clients awarded benefits, heard about SSI from a family, friend, neighbor or trusted professional.

5. Thirty percent of our clients awarded benefits were already receiving Social Security benefits and had never been informed about SSI.

Mr. **Hughes**. Thank you, Ms. Jerry. Mr. Delfico, does the description of what Ms. Jerry has found in the Boston area, particularly relative to the staffing, does that pretty much conform to your findings generally?

Mr. **Delfico**. Yes. In this study and other studies we have found that there—

Mr. **Hughes**. So we've lost ground in the last 5 years?

Mr. **Delfico**. Yes. In general, as far as outreach is concerned, that seems to be the case, yes.

Mr. **Hughes**. Well, there doesn't seem to be any question about that. Your summary bears that out and, certainly, what we've heard from those that work in the field, we've gotten the same description.

Ms. Jerry, one of the things you suggested is that some 30 percent of those that you work with were already on Social Security. They were basically nonnatives and, therefore, you could anticipate that it is probably higher than that.

Ms. **Jerry**. Right.

Mr. **Hughes**. That suggests what Mrs. Clark said would be very important, and that would be for us to automate. There is no reason why we shouldn't pick that up immediately. That should be in our database.

Ms. **Jerry**. Right. I think that is a very important point. It seems like there are ways to access that information and to identify people who fall below a certain income level based on the comprehensive information SSA has for Social Security beneficiaries. What SSA doesn't always have is information on resource limits. At least you have half of the picture in targeting potential beneficiaries and then sending out letters. There would, however, have to be follow-up by Social Security staff. The letters simply will not be enough.

Mr. **Hughes**. There is no reason why we shouldn't, when we create our database or our software, be able to find out just what is going into that household. We have that information.

Ms. **Jerry**. Right.

Mr. **Hughes**. If it is a low-income household, we should have that information readily available. There should be a ticker system, a red flag that goes up that tells us that we ought to take a look at that. It seems to me that that would be easy to do.

Mr. Delfico?

Mr. **Delfico**. Mr. Chairman, the Social Security Administration tried that one time in 1984. My information indicates that they mailed out notices to about 7 million low-income beneficiaries. They received 75,000 new awards at that time, which was roughly 1 percent of the mail-outs. There were some costs involved there. I'm not sure why they didn't continue that, but there can be some success with that kind of effort.

Mr. **Hughes**. There were some costs involved, and you're not sure why they discontinued that.

Mr. **Delfico**. Right.

Mr. **Hughes**. I suspect there might be a relationship between the costs involved and why they didn't continue it. It was so successful we decided to discontinue it. Mrs. Clark, I think, has said a lot of things which are important. One of them is: why aren't we permitting our local units of government, those that come in contact with the homeless every day, why don't we encourage them to secure that first information and enable them to submit that to our SSA office? That seems to make abundant good sense. What do you think about that, Mr. Delfico?

Mr. DELFICO. I think it's a good way to do it. If I recall, one of the key words that was mentioned in the testimony was "leveraging" and you can leverage SSA outreach through the social service organizations and the local governments. I think that may mitigate the cost problem that everybody is concerned about.

Mr. HUGHES. Mr. Carranco, it seems to me that these are not people we find often at the meals-on-wheels or at the local AARP meeting. Most of those folks, you know, are collecting Social Security, or know about the program, and are not the people at the poverty level, or below poverty level that would be eligible for SSI. Don't you think that would be a good way to provide effective outreach?

Mr. CARRANCO. It certainly would be, Mr. Chairman.

Mr. HUGHES. These are the people that have to, you know, deal with the homeless every day. They work with the police. They try to get them off the grates and into shelters. They're looking at a myriad of options for these folks. They try to find out if they're entitled to public assistance. That should be one of the responsibilities that they could pick up and be of immeasurable help to the individual and to the SSA, I would think.

Mr. CARRANCO. Yes, sir. The one answer we get most of the time is, to be blunt, "That's not my job. That's somebody else's job." They do have the information. They are aware of the fact that this particular person certainly should try to get SSI, but they don't know how to—the person that mixes with the low-income individual, they don't know the form to fill out. They are not aware. They need this education that I spoke about in my narrative, sir.

Mr. HUGHES. I don't know about you, but I was touched by Mary Rose Gerdez's story because there was an individual that obviously was entitled to it probably right from the start, and she was lucky that she got into it, but not so lucky, not before she went through a number of other years of aggravation.

Mr. CARRANCO. In defense of SSA—I don't work for the Social Security Administration—I would say that when I walk into that office on any given morning, Monday through Friday, that place is packed, Mr. Chairman.

Mr. HUGHES. Nobody is criticizing the Social Security field offices because they do a magnificent job, but they are overwhelmed. They are overwhelmed. They were very, very busy before we started cutting back those billets. You know, we cut back 17,000, as I recall, staff positions. Now 17,000 out of about 80,000, that is a pretty heavy hit. When you consider that when we started cutting it back back in the early 1980s, we were somewhat overwhelmed then. We weren't able to turn the cases around as fast as we should, so we have a kind of morale problem that has been described here. Mrs. Clark has described the morale problem and the problems of turning these cases around and the length of time it takes to process them.

I suppose your point, Mrs. Clark, is that the first thing we need to do is recruit some staff.

Mrs. Clark. Yes. Definitely.

Mr. Hughes. That is the first order of priorities. Does anybody disagree with that? All right. Well, thank you very much. You have been very helpful to us. We may submit some additional questions.

Mr. Carranco. We'd be happy to.

Mr. Hughes. The record will remain open for that purpose. Mr. Blaz?

Mr. Blaz. Thank you very much, Mr. Chairman.

I just want to ask a couple of questions. Before I do that, I do want to discuss some of the comments of the chairman. It is just ironic that you can find—your comments on income tax notwithstanding, we can find you to tax you, but we can't find you to feed you. It's a very lamentable situation. I, for one, do not accept the notion that we can't find these folks because given all the resources we have, many of which have been mentioned, all we need to do is coordinate and I think we can find them.

As an example, it is also supremely ironic that we could have the most sophisticated television and radio programs to join the services—the Army, the Navy, the Air Force, and the Marines—but we don't have anything akin to that to join the SSI program so you can get the benefit. We're almost begging to give it away, and we can't even do that.

I'll tell you what—yesterday I offered the right wing of the B-2 for the Alzheimer's cause. I think we ought to offer to build the left wing of a B-2 for this program. I can't believe we can't reach the people that we are serving. I can't believe that. We may have just created a monster by having to spend more time with this Select Committee.

Let me ask you a question, Mr. Delfico. According to your survey, what is the largest number of non-English, that is people who are not proficient in English, that would prompt us to want to seek bilingual help? Would it be Spanish speaking—

Mr. Delfico. Yes.

Mr. Blaz. What would be the next one?

Mr. Delfico. I think it was Asian. Asian was the next on the list.

Mr. Blaz. The reason I'm asking, Mr. Chairman, is if we're going to go bilingual, somebody is going to come along and ask us to be trilingual. There has got to be some other effort involved in here to try to make this—but it's so simple that we won't have to have a person that is trilingual because then they're going to have to go to Harvard just to serve the basic needs of our people.

The second question I want to ask is directed to Mr. Carranco. You say you are doing it without—I can't believe it, but anyway—they are doing it without your help?

Mr. Carranco. Yes, sir. Mr. Lloyd Tijerina, the manager, spoke to me about this a month ago. He said, "I am going to start an outreach program, and I'm going to get many SSI new applicants to come in. Will you help us?" I said, "Of course, our chapter will be very willing to go and help you." He has taken it upon himself to do this. What I'm saying here is that AARP is only an aid to this program. The Social Security Administration must be the guiding light.

Mr. **Blaz**. Okay. My final thought, Mr. Chairman, is that, as they say, you'd be surprised what you'd hear by listening. I'm just stunned by what I heard today by just listening. We should do it more often, you know that?

Mr. **Hughes**. I agree. I look forward to working with you on simplifying that 15-page questionnaire for SSI, as well as the income tax return.

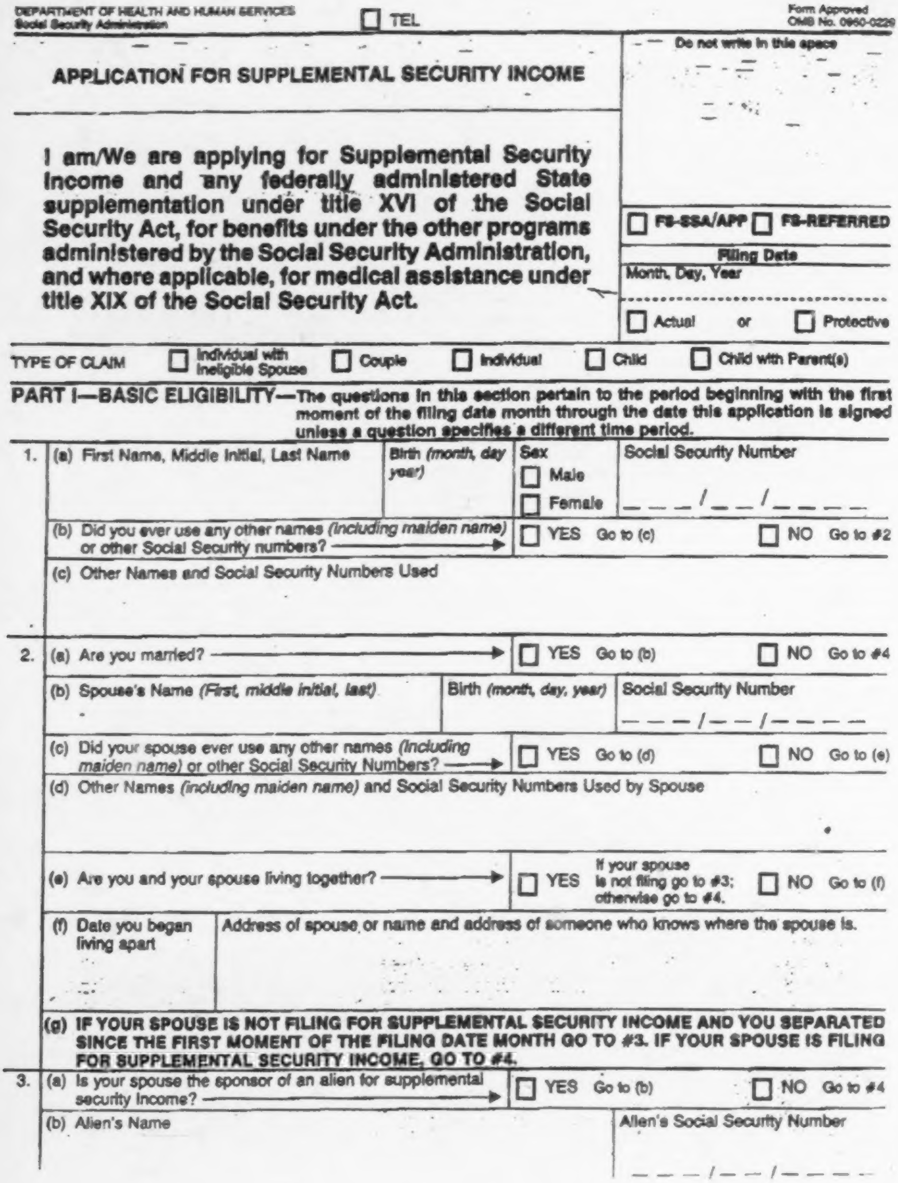
Thank you very much. You have been very, very helpful to us today. It has been a very good hearing. I think you focused attention upon a major problem with our SSI program, and we look forward to working with you.

Thank you so much.

That concludes the hearing for today. The Committee and Subcommittee stand adjourned.

[Whereupon, at 11:59 a.m., the hearing was adjourned.]

APPENDIX



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Social Security Administration

☐ TEL

Form Approved
OMB No. 0960-0229

Do not write in this space

APPLICATION FOR SUPPLEMENTAL SECURITY INCOME

I am/We are applying for Supplemental Security Income and any federally administered State supplementation under title XVI of the Social Security Act, for benefits under the other programs administered by the Social Security Administration, and where applicable, for medical assistance under title XIX of the Social Security Act.

☐ FS-SSA/APP ☐ FS-REFERRED

Filing Date
Month, Day, Year

☐ Actual or ☐ Protective

TYPE OF CLAIM ☐ Individual with Ineligible Spouse ☐ Couple ☐ Individual ☐ Child ☐ Child with Parent(s)

PART I—BASIC ELIGIBILITY—The questions in this section pertain to the period beginning with the first moment of the filing date month through the date this application is signed unless a question specifies a different time period.

1. (a) First Name, Middle Initial, Last Name | Birth *(month, day year)* | Sex ☐ Male ☐ Female | Social Security Number _ _ _ / _ _ / _ _ _ _

(b) Did you ever use any other names *(including maiden name)* or other Social Security numbers? → ☐ YES Go to (c) ☐ NO Go to #2

(c) Other Names and Social Security Numbers Used

2. (a) Are you married? → ☐ YES Go to (b) ☐ NO Go to #4

(b) Spouse's Name *(First, middle initial, last)* | Birth *(month, day, year)* | Social Security Number _ _ _ / _ _ / _ _ _ _

(c) Did your spouse ever use any other names *(including maiden name)* or other Social Security Numbers? → ☐ YES Go to (d) ☐ NO Go to (e)

(d) Other Names *(including maiden name)* and Social Security Numbers Used by Spouse

(e) Are you and your spouse living together? → ☐ YES If your spouse is not filing go to #3; otherwise go to #4. ☐ NO Go to (f)

(f) Date you began living apart | Address of spouse or name and address of someone who knows where the spouse is.

(g) **IF YOUR SPOUSE IS NOT FILING FOR SUPPLEMENTAL SECURITY INCOME AND YOU SEPARATED SINCE THE FIRST MOMENT OF THE FILING DATE MONTH GO TO #3. IF YOUR SPOUSE IS FILING FOR SUPPLEMENTAL SECURITY INCOME, GO TO #4.**

3. (a) Is your spouse the sponsor of an alien for supplemental security income? → ☐ YES Go to (b) ☐ NO Go to #4

(b) Alien's Name | Alien's Social Security Number _ _ _ / _ _ / _ _ _ _

		You		Your Spouse, if filing	
4.	(a) Have you been married before? →	☐ YES Go to (b)	☐ NO Go to #5	☐ YES Go to (b)	☐ NO Go to #5

(b) Give the following information about your former spouse. If there was more than one former marriage, show the remaining information in Remarks and go to #5.

	FORMER SPOUSE'S NAME (including maiden name)	SOCIAL SECURITY NUMBER (If none or unknown, so indicate)	DATE OF MARRIAGE	DATE MARRIAGE ENDED	HOW MARRIAGE ENDED
You					
Your Spouse					

		You		Your Spouse	
5.	(a) Are you blind or disabled? →	☐ YES Go to (b)	☐ NO Go to #6	☐ YES Go to (b)	☐ NO Go to #6

(b) GIVE THE FOLLOWING INFORMATION:	DATE IMPAIRMENT BEGAN	NATURE OF THE IMPAIRMENT
You		
Your Spouse		

		You		Your Spouse, if filing	
6.	In what city and State or foreign country were you born? →				
7.	Are you a United States citizen by birth? →	☐ YES Go to #11	☐ NO Go to #8	☐ YES Go to #11	☐ NO Go to #8
8.	Are you a naturalized United States citizen? →	☐ YES Go to #11	☐ NO Go to #9	☐ YES Go to #11	☐ NO Go to #9
9.	(a) Are you lawfully admitted for permanent residence in the United States? →	☐ YES Go to (b)	☐ NO Go to #10	☐ YES Go to (b)	☐ NO Go to #10
	(b) Give the month, day, and year of lawful admission for permanent residence. If date is within 3 years of the filing date, go to (c); otherwise go to #11. →	DATE		DATE	
	(c) Was your entry into the United States sponsored by any person or promoted by an institution or group? →	☐ YES Go to (d)	☐ NO Go to #11	☐ YES Go to (d)	☐ NO Go to #11

(d) Give the following information about the person, institution, or group:

Name	Address	Telephone No. (Include Area Code)
		( )

(e) GO TO #11

		You		Your Spouse, if filing	
10.	(a) Is the Immigration and Naturalization Service (INS) aware of your presence in the United States? →	☐ YES Go to (b)	☐ NO Go to #11	☐ YES Go to (b)	☐ NO Go to #11
	(b) Through what date will INS allow you to remain in the United States? (If indefinitely, so indicate) →	DATE *(month, day, year)*		DATE *(month, day, year)*	
11.	(a) When did you first make your home in the United States? →	DATE *(month, day, year)*		DATE *(month, day, year)*	
	(b) Have you lived outside the United States since then? →	☐ YES Go to (c)	☐ NO Go to #12	☐ YES Go to (c)	☐ NO Go to #12
	(c) Give dates of residence outside the United States. *(Month, day, year)* →	FROM: TO:		FROM: TO:	
12.	(a) Have you been outside the United States (the 50 states, District of Columbia and Northern Mariana Islands) 30 days prior to the filing date? →	☐ YES Go to (b)	☐ NO Go to #13	☐ YES Go to (b)	☐ NO Go to #13
	(b) Give the date *(Month, day, year)* you left the United States	Date Left		Date Left	

PART II—LIVING ARRANGEMENTS—The questions in this section pertain to the signature date.

13. Check the applicable block to show where you live now:

☐ House
☐ Apartment
☐ Room (private home)
☐ Room (commercial establishment)
☐ Mobile Home
☐ Foster Home
☐ Transient
☐ Other (Specify) ____________

INSTITUTIONS

☐ School
☐ Hospital
☐ Rest or Retirement Home
☐ Nursing Home
☐ Rehabilitation Center
☐ Jail
☐ Other (Specify) ____________

IF YOU ARE LIVING IN A FOSTER HOME, AN INSTITUTION, OR ARE A TRANSIENT, EXPLAIN IN REMARKS AND GO TO #21.

14. Do you live alone or with your spouse only? → ☐ YES Go to #16 ☐ NO Go to #15

15. (a) Give the following information about everyone who lives with you (or with you and your spouse):

NAME	RELATIONSHIP TO YOU OR SPOUSE	SEX		DATE OF BIRTH (Month, day, year)	BLIND OR DISABLED		IF UNDER AGE 22			
							MARRIED		STUDENT	
		M	F		YES	NO	YES	NO	YES	NO

(b) Do all the persons listed in 15(a) receive assistance or income based on need? → ☐ YES Go to (c) ☐ NO Go to (c)

(c) Does anyone listed in 15(a) who is not married and under age 18 OR between ages 18-21, not married, and a student receive income? → ☐ YES Go to (d) ☐ NO Go to #16

(d) CHILD RECEIVING INCOME	SOURCE & TYPE	MONTHLY AMOUNT
		$
		$
		$

16. (a) Do you (or does anyone who lives with you) own or rent the place where you live? → ☐ YES Go to #17 ☐ NO Go to (b)

(b) Name and address of person who owns or rents the place where you live:

Telephone number, if known *(Include Area Code)*
(___) -

(c) GO TO #20

17. (a) Are you (or your living with spouse) buying or do you own the place where you live? → ☐ YES Go to (c) ☐ NO If you are a child living with parent(s) go to (b); otherwise go to #18.

(b) Are your parent(s) buying or do they own the place where you live? → ☐ YES Go to (c) ☐ NO Go to #18

(c) What is the amount and frequency of the mortgage payment? → Amount $ Frequency of Payment

(d) GO TO #20

18.	(a) Do you (or your living with spouse) have rental liability for the place where you live? →	☐ YES Go to (d) ☐ NO If you are a child living with parent(s) go to (b); otherwise go to (c).
	(b) Do your parent(s) have rental liability? →	☐ YES Go to (d) ☐ NO Go to (c)
	(c) Does anyone who lives with you have rental liability for the place where you live? →	☐ YES Give name of person with rental liability in Remarks and go to #19 ☐ NO Give name of person with home ownership in Remarks and go to #20.
	(d) What is the amount and frequency of the rent payment? →	Amount $ — Frequency of payment
19.	(a) Are you (or anyone who lives with you) the parent or child of the landlord or the landlord's spouse? →	☐ YES Go to (b) ☐ NO Go to #20

(b) Name of person related to landlord or landlord's spouse:	Relationship	Name and address of landlord (include telephone number and area code, if known):

20.	(a) Does anyone who does NOT live with you provide your household with all or part of the food and shelter (including payment of the bills for food, rent or home mortgage payments, property insurance required by the mortgage holder, real property taxes, heating fuel, gas, electricity, garbage removal, water, or sewerage) or give the household money for these items? →	☐ YES Go to (b) ☐ NO Go to (d) if you (or your living with spouse) own or rent; otherwise go to #21.

(b) ITEM	CONTRIBUTOR'S NAME AND ADDRESS (TELEPHONE NUMBER AND AREA CODE, IF KNOWN)	MONTHLY AMOUNT	MONTHS RECEIVED
		$	
		$	
		$	
		$	

(c) GO TO (d) IF YOU (OR YOUR LIVING WITH SPOUSE) OWN OR RENT AND YOU DO NOT LIVE IN A PUBLIC ASSISTANCE HOUSEHOLD; OTHERWISE, GO TO #21.

	(d) Does anyone living with you give you (or your living with spouse) money for or help pay for all or part of your food, rent or home mortgage payments, property insurance required by the mortgage holder, real property taxes, heating fuel, gas, electricity, garbage removal, water, or sewer bills? →	☐ YES Go to #21 ☐ NO Go to #21
21.	(a) Has the information given in items #13 through #20 been the same since the first moment of the filing date month? →	☐ YES Go to (b) ☐ NO Explain in Remarks and go to (b).
	(b) Do you expect this information to change? →	☐ YES Explain in Remarks and go to #22. ☐ NO Go to #22

PART III—RESOURCES—The questions in this section pertain to the first moment of the filing date month.

		You		Your Spouse	
22.	(a) Do you own or does your name appear on the title of any vehicles; e.g., cars, trucks, boats, motorcycles, etc.? →	☐ YES Go to (b)	☐ NO Go to #23	☐ YES Go to (b)	☐ NO Go to #23

(b) OWNER'S NAME	DESCRIPTION (YEAR, MAKE & MODEL)	USED FOR	EQUIPPED FOR HANDICAPPED?		CURRENT MARKET VALUE	AMOUNT OWED
			YES	NO		
					$	$
					$	$

		You		Your Spouse	
23.	(a) Do you own or are you buying any life insurance policies? →	☐ YES Go to (b)	☐ NO Go to #24	☐ YES Go to (b)	☐ NO Go to #24

(b) Give the following information on each policy:

OWNER'S NAME	NAME OF INSURED	NAME AND ADDRESS OF INSURANCE COMPANY
Policy (#1)		
Policy (#2)		
Policy (#3)		

POLICY NUMBER	FACE VALUE	CASH SURRENDER VALUE	DATE PURCHASED	LOANS AGAINST	
				YES	NO
Policy (#1)	$	$		$	
Policy (#2)	$	$		$	
Policy (#3)	$	$		$	

24.	You		Your Spouse	
(a) Do you (either alone or jointly with any other person) own any:	YES	NO	YES	NO
Life estates or ownership interest in an unprobated estate? →				
Household or personal items worth more than $500 each? →				

(b) Give the following information for any "Yes" answer in 24(a); otherwise go to #25

OWNER'S NAME	NAME OF ITEM	VALUE	AMOUNT OWED ON ITEM	WHERE APPROPRIATE, GIVE NAME AND ADDRESS OF BANK OR OTHER ORGANIZATION
		$	$	
		$	$	

25.	You		Your Spouse	
(a) Do you own or does your name appear (either alone or with any other person's name) on any of the following items?	YES	NO	YES	NO
Cash at home, with you, or anywhere else →				
Checking Accounts →				
Savings Accounts →				
Credit Union Accounts →				
Christmas Club Accounts →				
Certificates of Deposit →				
Notes →				
Stocks or Mutual Funds →				
Bonds →				
Other items that can be turned into cash →				

(b) Give the following information for any "Yes" answer in 25(a); otherwise go to #26

OWNER'S NAME	NAME OF ITEM	VALUE	NAME AND ADDRESS OF BANK OR OTHER ORGANIZATION IF APPROPRIATE	IDENTIFYING NUMBER
		$		
		$		
		$		

26. (a) Do you have any land, houses, buildings, real property, property in foreign countries, equipment, business, mineral rights or other money or property of any kind (including belongings held in safe deposit boxes) that have not been shown elsewhere on the application? (Include assets set aside for an emergency or to provide for your heirs.) →

You: ☐ YES Go to (b) ☐ NO Go to #27

Your Spouse: ☐ YES Go to (b) ☐ NO Go to #27

(b) Give the following information:

DESCRIPTION OF PROPERTY (If real property, include type and size of structure, acreage or lot size, location.)	HOW IS IT USED? (If not used now, when was it last used and what is next planned use.)
Item 1	Item 1
Item 2	Item 2

OWNER'S NAME	ESTIMATED CURRENT MARKET VALUE	TAX ASSESSED VALUE	AMOUNT OF MORTGAGE PAYMENT	AMOUNT OWED ON ITEM
Item 1	$	$	$	$
Item 2	$	$	$	$

27. (a) Have you sold, transferred title, disposed of or given away any money or other property, including property or money in foreign countries, since the first moment of the filing date month or within the 30 months prior to the filing date month?

You: ☐ YES Go to (b) ☐ NO Go to #28

Your Spouse, If filing: ☐ YES Go to (b) ☐ NO Go to #28

(b) Give the following information:

OWNER'S NAME	DATE OF DISPOSAL	DESCRIPTION OF PROPERTY
Item 1		
Item 2		

IF THE DATE OF DISPOSAL IS BEFORE 7/1/88 AND LESS THAN 24 MONTHS PRIOR TO THE MONTH OF FILING OR IF THE DATE OF DISPOSAL IS AFTER 6/30/88, GO TO 27(c); OTHERWISE GO TO #28.

(c) Give the following about the information in 27(b):

NAME AND ADDRESS OF PURCHASER OR RECIPIENT	RELATIONSHIP TO OWNER	SOLD ON OPEN MARKET	
		YES	NO
Item 1			
Item 2			

VALUE OF PROPERTY AND/OR AMOUNT OF CASH GIFT	SALES PRICE OR OTHER AGREEMENT	ARE ADDITIONAL CONSIDERATIONS OR PROCEEDS EXPECTED? EXPLAIN	DO YOU STILL OWN PART OF THE PROPERTY	
			YES	NO
Item 1 $				
Item 2				

		You		Your Spouse	
28.	(a) Have you acquired any resource since the first moment of the filing date month? ⟶	☐ YES Go to (b)	☐ NO Go to (c)	☐ YES Go to (b)	☐ NO Go to (c)

(b) Explain any "Yes" answer given in 28(a)

You	Your Spouse

	You		Your Spouse	
(c) Has there been any increase or decrease in the value of your resources since the first moment of the filing date month? ⟶	☐ YES Go to (d)	☐ NO Go to #29	☐ YES Go to (d)	☐ NO Go to #29

(d) Explain any "Yes" answer given in 28(c)

You	Your Spouse

		You		Your Spouse	
29.	(a) Do you have any assets set aside for burial expenses such as burial contracts, trusts, agreements, or anything else you intend for your burial expenses? Include any assets mentioned in items #22 through #26 and item #28. ⟶	☐ YES Go to (b)	☐ NO Go to #30	☐ YES Go to (b)	☐ NO Go to #30

(b) DESCRIPTION (Where appropriate, give name and address of organization and account/policy number)	VALUE	WHEN SET ASIDE *(Month, Day, Year)*	OWNER'S NAME
Item 1	$		
Item 2	$		

FOR WHOSE BURIAL	IS ITEM IRREVOCABLE?		WILL INTEREST EARNED OR APPRECIATION IN VALUE REMAIN IN THE BURIAL FUND?	
Item 1	☐ YES	☐ NO	☐ YES Go to #30	☐ NO Explain in (c)
Item 2	☐ YES	☐ NO	☐ YES Go to #30	☐ NO Explain in (c)

(c) Explanation:

Item 1

Item 2

		You		Your Spouse	
30.	(a) Do you own any cemetery lots, crypts, caskets, vaults, urns, mausoleums or other repositories for burial or any headstones or markers? ⟶	☐ YES Go to (b)	☐ NO Go to #31	☐ YES Go to (b)	☐ NO Go to #31

(b) OWNER'S NAME	DESCRIPTION	FOR WHOSE BURIAL	RELATIONSHIP TO YOU OR SPOUSE	CURRENT MARKET VALUE (If applicable)
				$

PART IV—INCOME—The questions in this section specify time period.

31. (a) Since the first moment of the filing date month, have you received or do you expect to receive income in the next 14 months from any of the following sources?	YOU		YOUR SPOUSE	
	YES	NO	YES	NO
FEDERAL BENEFITS: Social Security				
Railroad Retirement				
Veterans Administration (Based on need/not based on need)				
Office of Personnel Management (Civil Service)				
Military Pension, Special Pay, or Allowance				
Black Lung				
Bureau of Indian Affairs				
Earned Income Tax Credits				
STATE/LOCAL BENEFITS: Unemployment Compensation				
Workers' Compensation				
State Disability				
State or Local Pension				
Aid to Families with Dependent Children				
State or Local Assistance Based on Need				
PRIVATE BENEFITS: Employer or Union Pension				
Insurance or Annuity Payments				
MISCELLANEOUS: Interest (bank accounts, stocks, CD's, etc.)				
Rental/Lease Income				
Dividends/Royalties				
Alimony				
Child Support				
OTHER INCOME NOT PREVIOUSLY MENTIONED				

(b) Give the following information for any "Yes" answer in 31(a); otherwise go to #32.

PERSON RECEIVING	TYPE OF INCOME	AMOUNT	FREQUENCY	DATES EXPECTED OR RECEIVED	SOURCE (Name/Address of Person, Bank, Company, or Organization)	IDENTIFYING NUMBER
You		$		From: To:		
You		$		From: To:		
You		$		From: To:		
Your Spouse		$		From: To:		
Your Spouse		$		From: To:		
				From:		

		You		Your Spouse	
32.	Since the first moment of the filing date month, have you received or do you expect to receive any clothing, meals, or other gifts which are not cash? →	☐ YES Explain in Remarks and go to #33	☐ NO Go to #33	☐ YES Explain in Remarks and go to #33	☐ NO Go to #33
33.	(a) Have you received wages since the first moment of the filing date month through the current month? →	☐ YES Go to (b)	☐ NO Go to (d)	☐ YES Go to (b)	☐ NO Go to (d)

(b) Name and Address of Employer *(include telephone number and area code, if known)*

You	Your Spouse

(c) Total wages received (before any deductions) for each month:

You	Month(s)							
	Amounts							
Your Spouse	Month(s)							
	Amounts							

	You		Your Spouse	
(d) Do you expect to receive any wages in the next 14 months? →	☐ YES Go to (e)	☐ NO Go to #34	☐ YES Go to (e)	☐ NO Go to #34

(e) Name and address of employer if different from 33(b) *(include telephone number and area code, if known)*

You	Your Spouse

(f) Give the following information:

	RATE OF PAY	AMOUNT WORKED PER PAY PERIOD	HOW OFTEN PAID	PAY DAY OR DATE PAID	DATE LAST PAID *(Month, day, year)*
You	$ per				
Your Spouse	$ per				

	You		Your Spouse	
(g) Do you expect any change in wage information provided in 33(f)? →	☐ YES Go to (h)	☐ NO Go to #34	☐ YES Go to (h)	☐ NO Go to #34

(h) Explain change:

You	Your Spouse

		You		Your Spouse	
34.	(a) Have you been self-employed at any time since the beginning of the taxable year in which the filing date month occurs or do you expect to be self-employed in the current taxable year?	☐ YES Go to (b)	☐ NO Go to #35	☐ YES Go to (b)	☐ NO Go to #35

(b) Give the following information:

	TYPE OF BUSINESS	LAST YEAR'S:			THIS YEAR'S:			DATES OF SELF-EMPLOYMENT
		GROSS INCOME	NET		GROSS INCOME	NET		
			INCOME	LOSS		INCOME	LOSS	
You		$	$	$	$	$	$	
		$	$	$	$	$	$	
Your Spouse		$	$	$	$	$	$	
		$	$	$	$	$	$	

IF YOU OR YOUR SPOUSE ARE DISABLED AND RECEIVE WAGES OR EXPECT TO RECEIVE WAGES OR ARE SELF-EMPLOYED OR EXPECT TO BE SELF-EMPLOYED, ANSWER #35: OTHERWISE, GO TO #36.

		You		Your Spouse	
35.	Do you have any special expenses related to your illness or injury that you paid which are necessary for you to work? →	☐ YES Describe in Remarks and go to #36	☐ NO Go to #36	☐ YES Describe in Remarks and go to #36	☐ NO Go to #36

IF YOU ARE FILING AS A CHILD UNDER AGE 22 AND ARE EMPLOYED OR RECEIVE CHILD SUPPORT, GO TO #36; OTHERWISE, GO TO #37.

36.	(a) Have you attended school regularly since the filing date month? →	☐ YES Go to (d)	☐ NO Go to (b)
	(b) Have you been out of school for more than 4 calendar months? →	☐ YES Go to (c)	☐ NO Go to (d)
	(c) Do you plan to attend school regularly during the next 4 months? →	☐ YES Explain absence in Remarks and go to (d)	☐ NO Go to #37
	(d) Give the following information:		

NAME AND ADDRESS OF SCHOOL	NAME OF PERSON AT SCHOOL WE MAY CONTACT	DATES OF ATTENDANCE		COURSE OF STUDY
		FROM	TO	
	NAME			
	PHONE (include area code) (__ - __)-	HOURS ATTENDING OR PLANNING TO ATTEND:		

PART V—POTENTIAL ELIGIBILITY FOR OTHER BENEFITS/FOOD STAMPS/MEDICAL ASSISTANCE

		YOU		YOUR SPOUSE	
37.	(a) Have you or a former spouse (or if you are filing as a child, have you or your parents) ever:	YES	NO	YES	NO
	Worked for a railroad?				
	Been in military service?				
	Worked for the Federal government?				
	Worked for a State or local government?				
	Worked for an employer or belonged to a union with a pension plan?				
	Done work that was covered under the Social Security system or pension plan of a country other than the United States?				

(b) Explain any "Yes" answer given in 37(a); otherwise go to #38.

YOU	YOUR SPOUSE

		You		Your Spouse, if filing	
38.	(a) Are you currently receiving food stamps or has a food stamp application been filed for you within the past 60 days on which there has not been a decision? →	☐ YES Go to #39	☐ NO Go to (b)	☐ YES Go to #39	☐ NO Go to (b)
		☐ YES	☐ NO	☐ YES	☐ NO

39. **Where this application is an application for Title XIX under the Social Security Act, I/we understand that if I/we refuse to assign my/our rights to medical support and payments for medical care from any individual or private, group, or government health insurance, or refuse to cooperate in giving information regarding any health insurance I/we may have, that the Social Security Administration cannot determine whether I am/we are eligible for Medicaid and that I/we must then apply for Medicaid at the Medicaid agency. I/we also understand that as a condition to become eligible for Medicaid, I/we must cooperate with the Medicaid agency in establishing paternity and in obtaining medical support and payments from third party payers.**

IN STATES WITH AUTOMATIC ASSIGNMENT OF RIGHTS LAWS, GO TO 39(b).

	You		Your Spouse, if filing	
(a) Do you agree to assign your rights (or the rights of anyone for whom you can legally assign rights) to payments for medical support and other medical care to the State Medicaid agency? ⟶	☐ YES Go to (b)	☐ NO Go to #40	☐ YES Go to (b)	☐ NO Go to #40
(b) Do you, your spouse, parent or step-parent have any private, group, or government health insurance that pays the cost of your medical care? (Do not include Medicare or Medicaid) ⟶	☐ YES	☐ NO	☐ YES	☐ NO
(c) Do you have any unpaid medical expenses for the 3 months prior to the filing date month? ⟶	☐ YES	☐ NO	☐ YES	☐ NO

PART VI—MISCELLANEOUS

ANSWER #40 ONLY IF YOU (OR YOUR SPOUSE, IF FILING) ARE BLIND OR DISABLED, OTHERWISE, GO TO #41.

	You		Your Spouse, if filing	
40. Do you give your permission for SSA to provide the results of any consultative examination to your own physician? ⟶	☐ YES Go to #41	☐ NO Go to #41	☐ YES Go to #41	☐ NO Go to #41

ANSWER #41 ONLY IF YOU ARE REQUESTING BENEFITS ON BEHALF OF SOMEONE ELSE; OTHERWISE, GO TO #42.

41. (a) Name of Person Requesting Benefits	Relationship to Claimant	Your Social Security Number __ __ __/__ __/__ __ __ __

(b) Do you wish to be selected as the claimant's representative payee? ⟶	☐ YES	If you are applying on behalf of a child go to (c); otherwise go to #42.	☐ NO	Explain in Remarks and go to #42.
(c) Are you the natural or adoptive parent with custody? ⟶	☐ YES	Go to (d)	☐ NO	Go to (d)
(d) Have you ever been convicted of a felony? ⟶	☐ YES	Explain in Remarks and go to (e)	☐ NO	Go to (e)
(e) Are you serving, or have you ever served, as representative payee for anyone receiving a Social Security or Supplemental Security Income benefit? ⟶	☐ YES	Enter SSN's in Remarks and go to (f)	☐ NO	Go to (f)
(f) Does the claimant have a legal representative or a legal guardian appointed by a court? ⟶	☐ YES	If you are NOT the legal rep/guardian, go to (g); otherwise go to (h).	☐ NO	Go to #42

(g) Give the following information about the legal representative or legal guardian:

Name	Address	Telephone Number *(include area code, if known)* (__ __ __) -

(h) Explain what led the court to appoint a legal representative or a legal guardian.

PART VII—REMARKS—(You may use this space for any explanations. Enter the item number before each explanation. If you need more space, use a signed form SSA-795.)

IMPORTANT INFORMATION

- ▶ Failure to report any change within 10 days after the end of the month in which the change occurs could result in a penalty deduction.
- ▶ The Social Security Administration will check your statements and compare its records with records from other State and Federal agencies, including the Internal Revenue Service, to make sure you are paid the correct amount.
- ▶ If you are disabled or blind, you must accept any appropriate vocational rehabilitation services offered to you by the State agency to which we refer you.

PART VIII—SIGNATURES

I/We understand that anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth is committing a crime which can be punished under Federal law, State law, or both. Everything on this application is the truth as best I/we know it.

42.	Your Signature *(First name, middle initial, last name) (Write in ink)* **SIGN HERE** ▶	Date *(Month, day, year)* Telephone number(s) at which you may be contacted during the day (______)- AREA CODE
43.	Spouse's Signature *(First name, middle initial, last name) (Write in ink)* **(Sign only if applying for payments.)** **SIGN HERE** ▶	

44.	FOR OFFICIAL USE ONLY	DIRECT DEPOSIT PAYMENT ADDRESS *(FINANCIAL INSTITUTION)*			
		Routing Transit Number	C/S	Depositor Account Number	☐ No Account ☐ Direct Deposit Refused

45.	Applicant's Mailing Address *(Number and Street, Apt. No., P.O. Box or Rural Route)*		
	City and State	ZIP Code	Enter name of county *(if any)* in which you live
46.	Claimant's Residence Address *(If different from applicant's mailing address)*		
	City and State	ZIP Code	Enter name of county *(if any)* in which the claimant lives

WITNESSES

47. Your application does not ordinarily have to be witnessed. If, however, you have signed by mark (X), two witnesses to the signing who know you must sign below giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address *(Number and Street, City, State, and ZIP Code)*	Address *(Number and Street, City, State, and ZIP Code)*

RECEIPT FOR YOUR CLAIM FOR SUPPLEMENTAL SECURITY INCOME

NAME	SOCIAL SECURITY NUMBER ___ / __ / ____	DATE
NAME	SOCIAL SECURITY NUMBER ___ / __ / ____	

Telephone Number *(include area code)* to call if you have a question or something to report. (___) -	Social Security Office you may come in person or mail your request to:

Your application for Supplemental Security Income will be processed as quickly as possible. If you have trouble getting any information or records we have asked for, please contact us and we will help you.

You should hear from us within   days after you have given us all the information we requested. Some claims may take longer if additional information is needed. If you do not get a check or a notice of determination within that time, please get in touch with us in person, by mail, or by calling the telephone number shown above.

PAPERWORK/PRIVACY ACT NOTICE

The Social Security Administration is authorized to collect the information on your application form under Section 1631(e) of the Social Security Act, as amended (42 U.S.C. 1383(e)). Your response to this request is voluntary; however, as explained below, no benefits may be paid unless an application has been received by a Social Security office. Your response is mandatory where the refusal to disclose certain information affecting your right to payment would reflect a fraudulent intent to secure payments not authorized by the Social Security Act.

The information on your application is needed to enable Social Security to determine if you are eligible for Supplemental Security Income payments. Failure to provide all or part of the information could prevent an accurate and timely decision on your claim, and could result in the loss of some payments.. Although the information you furnish on the application is arely used for any other purpose than stated in the foregoing, there is a possibility that information may be disclosed to nother person or to another governmental agency as follows: (1) to enable a third party or an agency to assist Social ecurity in establishing rights to Supplemental Security Income payments and (2) to comply with Federal laws requiring the lease of information from Social Security records (e.g., to the Veterans Administration). These and other uses of the formation obtained are explained and published in the Federal Register. The Social Security Administration will explain ese uses further upon request.

ublic reporting burden for this collection of information is estimated to average 34 minutes per response, including the ne for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing d reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this llection of information, including suggestions for reducing this burden to the Social Security Administration ATTN: Reports earance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235 and to the Office of Management and Budget, Paperwork duction Project (OMB #0960-0229), Washington, D.C. 20503.

REPORTING RESPONSIBILITIES

e amount of a Supplemental Security Income check is based on the information told to us. You must tell cial Security every time there is a change—while we process your application AND if you start receiving pplemental Security Income.

member, a change may make the SSI monthly payment bigger or smaller. Report changes in income of r ineligible husband/wife or a child who lives with you, or your sponsor or sponsor's spouse if you are alien. You must also report changes in things of value that these people own.

must tell us about any change within 10 days after the month it happens. If you do not report changes, may have to take as much as $25, $50, or $100 out of future checks.

You can make your reports by telephone

HOW TO REPORT

CHANGES TO REPORT

☑ **WHERE YOU LIVE —You must report to Social Security if:**

- You move.
- You (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.
- You leave the United States for 30 days or more.
- You are released from a hospital, nursing home, etc.
- You are no longer a legal resident of the United States.

☑ **HOW YOU LIVE — You must report to Social Security if:**

- Someone moves into or out of your household.
- The amount of money you pay toward household expenses changes.
- Births and deaths of any people with whom you live.
- Your marital status changes:
  - You get married, separated, divorced, or your marriage is annulled.
  - You separate from your spouse or start living together again after a separation.
  - You begin living with someone as husband and wife.

☑ **INCOME — You must report to Social Security if:**

- The amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down or you start to receive money (or checks or any other type of payment).
- You start work or stop work.
- Your earnings go up or down.

☑ **HELP YOU GET FROM OTHERS — You must report to Social Security if:**

- The amount of help (money, food, clothing, or payment of household expenses) you receive goes up or down.
- Someone stops helping you.
- Someone starts helping you.

☑ **THINGS OF VALUE THAT YOU OWN — You must report to Social Security if:**

- The value of your resources goes over $2,000 when you add them all together ($3,000 if you are married and live with your spouse).
- You sell or give any things of value away.
- You buy or are given anything of value.

☐ **YOU ARE BLIND OR DISABLED — You must report to Social Security if:**

- Your condition improves or your doctor says you can return to work.
- You go to work.
- You stop going to or refuse any vocational rehabilitation services.
- You stop going to or refuse treatment for drug addiction or alcoholism.

☐ **YOU ARE UNMARRIED AND UNDER AGE 22 — A report to Social Security must be made if:**

- If you are under age 18 and live with your parent(s), ask your parent(s) to report if they have a change in income, a change in their marriage, a change in the value of anything they own, or either has a change in residence.
- You start or stop school.
- You get married.

☐ **YOUR IMMIGRATION AND NATURALIZATION SERVICE (INS) STATUS CHANGES—You must report any change to Social Security.**

☐ **YOU ARE SELECTED AS A REPRESENTATIVE PAYEE — You must report to Social Security if:**

- The person for whom you receive SSI checks has any of the changes listed above. (You may be held liable if you do not report changes that could affect the SSI recipient's payment amount, and he/she is overpaid.)
- You will no longer be able or no longer wish to act as that person's representative payee.

Social Security: Broken Promise to America's Homeless

A REPORT BY

The National Law Center on Homelessness and Poverty
1575 I Street N.W. Suite 1135
(202) 289-1680

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Washington, D.C.

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Executive Summary

Right now, hundreds of thousands of elderly and disabled homeless Americans are not receiving social security benefits to which they are legally entitled. These benefits -- which include benefits that working homeless persons have already paid for -- could provide a means out of homelessness. Yet, while over 50% of all homeless persons are eligible, the federal government's own studies reveal that in many cities across the country, only a small percentage actually receive benefits.

Elderly, physically disabled and mentally ill, these homeless persons are desperately in need of aid. But they are almost always unable even to apply for benefits without assistance. Living in shelters or on the streets, without transportation, telephone, or mailing addresses, homeless persons face enormous difficulty in overcoming the bureaucratic barriers erected by the Social Security Administration. And for the mentally disabled, these barriers are virtually insurmountable.

Around the country, state and local officials, and private non-profit groups, agree that there is a desperate need for outreach efforts to assist homeless persons in applying for, receiving, and maintaining benefits under the Social Security Act. In some parts of the country, small scale models are now in place. But these efforts are grossly inadequate to the need.

In New York City, federal, state and local officials make regular visits to shelters, provide information on benefits, assist with applications, and accompany applicants to needed medical examinations. As a result of this effort, participation by homeless persons in social security programs has increased, and federal and local officials agree that the program is a success.

Despite the evidence that outreach does work -- and could relieve the misery of hundreds of thousands of homeless Americans -- the federal government has deliberately refused to conduct outreach on a national level. In 1987, Congress passed a law -- modeled on the New York City program -- directing SSA to implement an outreach program. But following a series of internal memoranda discussing the issue, SSA deliberately decided not to implement the new law.

This decision, while disturbing, is consistent with SSA's past role in causing homelessness: In the early 1980's, SSA initiated a policy aggressively to review -- and often illegally to deny -- disability benefits. As a result of these policies, many poor persons were forced into homelessness: local officials in New York City, Denver and Columbus, Ohio have documented a causal connection between disability termination and increases in the homeless populations of those cities.

Legislation now being considered by Congress would redress some of these failures by mandating an outreach effort to ensure that elderly and disabled homeless persons receive the benefits to which they are legally entitled.

Introduction

According to recent estimates, up to three million persons are homeless nationwide. Current services, provided mainly through private efforts, are clearly inadequate. Non-profit groups, relying heavily on volunteers, are simply unable to meet the growing need for even emergency aid.

Federal programs now in place for the needy could, and should, provide aid to the homeless. The Social Security Act provides Supplemental Security Income ("SSI") benefits -- an average of $368 per month -- to needy individuals who are elderly or who suffer from mental or physical disability. It also provides Social Security Disability Insurance ("SSDI") benefits -- an average of $555 per month -- to disabled individuals with a prior work history.

Over half of all homeless persons are eligible for some type of benefit under these programs. Yet only a small fraction -- in some areas fewer than 10% -- actually receive them.

According to reports from across the country, homeless persons face extraordinary difficulty in applying for and receiving social security for which they are eligible. Isolated in shelters or on the streets, and lacking any resources, they are often unable to travel to government offices to inquire about or apply for benefits. Similarly, lacking a permanent address or telephone, homeless persons face great difficulty in communicating -- and maintaining communication -- with such offices. Mentally disabled homeless persons face particular, added difficulties in understanding and responding to the complex application process. As a result, many homeless persons, eligible for benefits, do not receive them. Outreach efforts -- designed to send social services workers to shelters to inform homeless persons of benefits programs, provide application forms, and assist in their completion -- could help bridge this gap. Yet such efforts are sorely lacking.

Background: the SSI program

The Supplemental Security Income Program ("SSI") provides federal cash benefits for needy aged, blind and disabled persons.[1] 42 U.S.C. Section 1381-83 (1983). Initiated in 1974, the SSI program now provides benefits to over 4.4 million persons across the country. [2] Unlike some federal benefits programs, SSI is federally administered.

Under the program, the standard federal benefit for an individual is $368 per month, or $4656 per year. [3] In addition, 26 states and the District of Columbia have elected to provide a "state supplement." The amount of the supplement for an individual ranges from $2 a month (Oregon) to $384 a month (Connecticut).

All but seven of the 50 states and the District of Columbia also have supplements specifically designed to meet the special housing needs of SSI recipients. Such needs include group homes and non-medical supervised living arrangements. For example, the state of Maryland provides a $675 monthly supplement for group living arrangements for mentally ill SSI recipients.[4]

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[1] To meet the need test, an individual must have "countable" assets under $2,000. Excluded from this calculation are an individual's home, "household" goods (up to a value of $2000), a car (up to $4,500 current market value) and burial space. Disabled persons are defined as persons "unable to engage in any substantial gainful activity by reason of a medically determined physical or mental impairment expected to result in death or that has lasted or can be expected to last, for a continuous period of at least twelve months." Committee on Ways and Means, Background Material and Data on Programs Within the Jurisdiction of the Committee on Ways and Means, Section 9 (1989).

[2] Id. at 674 (as of September 1988)

[3] The standard benefit for a couple is $573 per month or $6876 per year. Id.

Persons eligible for SSI may be eligible for other federal benefits programs as well. In 30 states, SSI recipients are automatically granted health benefits under the Medicaid program. In six states, SSI recipients are automatically eligible but must separately apply for Medicaid benefits.[5] In addition, in all states except two, SSI recipients may receive food stamps provided they meet the income and assets requirements of that program.[6]

To establish eligibility for the SSI program, an applicant must be interviewed by a claims representative at an SSA district office, provide documentation of income and resources, and produce medical records. In addition, an applicant must submit to medical examinations at a doctor's office, as well as follow-up interviews at the Social Security office. Once eligibility is established, benefits are distributed to the recipient by mail.

Of all persons eligible for SSI, significant numbers are not receiving benefits. Statistics available for elderly poor persons indicate that in 1987, only 57.7% of all elderly poor persons received SSI benefits, down from 75.6% in 1975. Significantly, between 1982 and 1984 -- when SSI conducted outreach to the elderly poor -- the participation rate jumped from 53.6% in 1982 to 61.2% in 1984.[7]

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[4] Id.

[5] In the remaining 14 states, SSI recipients must meet more stringent, state-imposed eligibility criteria in order to receive Medicaid. Id.

[6] California and Wisconsin "cash out" the food stamp program; that is, they provide SSI cash state supplements in lieu of food stamps. Id.

The SSI program is particularly significant as a potential resource for persons who are homeless or at risk of homelessness. SSI benefits generally provide a much higher cash benefit than state general assistance programs. In addition, they often lead to other benefits, such as medical coverage, food stamps and housing assistance. While these benefits -- even considered all together -- still leave recipients below the poverty level,[8] they could provide significant help in both preventing homelessness and moving recipients out of homelessness.

The National Need for Outreach

No national statistics comparing numbers of homeless persons eligible for benefits with numbers of homeless recipients of benefits are available. But studies conducted in cities around the country indicate that few eligible homeless persons receive benefits. Overall, more than half of all homeless persons are potentially eligible. Yet in some cities, fewer than 10% actually receive them.

Recent research, conducted under the auspices of the National Institute of Mental Health, a federal government entity, reveals the following information: [9]

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[7] *Id.*

[8] Combined SSI, Social Security and Food Stamps total $5,016 or 84.3% of the poverty level for a single individual. *Id.*

o A 1985 Boston study found that only 21% of mentally disabled homeless persons received any kind of government benefits at all, including SSI.

o A 1985 Milwaulkee study found that only 13% of mentally disabled homeless persons received SSI benefits.

o A 1986 Los Angeles study found that although about 30% of the homeless population suffered from mental illness, fewer than 9% of the population received SSI benefits.

o A 1986 Detroit study found that only 30% of mentally-ill homeless persons admitted to a state psychiatric hospital were receiving SSI benefits.

Providers of services to homeless persons across the country confirm that outreach to assist homeless persons in applying for and receiving social security benefits is both lacking and badly needed. In a few parts of the country some outreach efforts -- funded by state or local governments, or private non-profit organizations -- are underway. In other areas, no outreach is being conducted at all. Across the country, the need is apparent:

o In Chicago only about 45% of the homeless population receives any public benefits at all. A state - funded SSI advocacy project in Chicago -- not specifically designed for the homeless -- has had significant success in obtaining SSI benefits for the needy. Yet, while the state has recognized the need for expansion of the program to reach homeless persons -- in Chicago and state-wide -- lack of resources have so far prevented implementation of any such effort.[10]

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[9] Tessler & Dennis, A Synthesis of NIMH-Funded Research Concerning Persons who are Homeless and Mentally Ill. (1989).

- In Minnesota only 7% of all homeless persons receive any benefits -- including SSI -- under the Social Security Act. The sole outreach now being conducted in the state is through mental health projects for homeless persons. Virtually all mentally ill homeless persons are eligible for SSI, yet these projects are able to provide assistance with such benefits to only about one-half of mentally ill homeless persons contacted.[11]

- In Massachusetts only about 25% of eligible homeless persons are able even to apply for benefits under the Social Security Act.[12]

- In Michigan "[m]any of the homeless are unaware of services to which they are entitled .. [and] the snare of red tape often encountered in the application for services serves as a sufficient deterrent for many," according to a 1986 report by the Human Services Cabinet Task Force on the Homeless.[13]

- In Washington, D.C. the sole outreach available is being conducted by non-profit, including church organizations. These groups expend scarce resources in performing the most basic tasks: visiting the Social Security Administration office to obtain application forms, filling them out for their clients, obtaining required medical examinations for their clients, conducting follow-up visits and telephone calls to SSA and handling the appeals process for the many denials.[14]

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[10] Statement of Michael A. O'Connor, Project Director, Illinois State Support Center.

[11] Statement of Sue Watlov Phillips, Chair, Minnesota Coalition for the Homeless, November 10, 1989.

[12] Statement of Anne Becker, Homeless Coordinator, Massachusetts Disability Determination Services, December 8, 1989.

[13] Human Services Cabinet Task Force on the Homeless, Life in Transit: Homeless in Michigan (1986).

Need for Outreach

These statistics, while disturbing, are not surprising. Application for benefits under the social security program is an extremely complex process. The application form is 12 pages long. In addition to completion of the form, medical examinations are required for persons claiming a disability. Even if benefits are successfully obtained, maintenance of those benefits requires ongoing compliance with future requirements, including responses to written inquiries -- sent by mail -- from SSA and appointments with SSA employees of SSA offices.

SSA officials admit that the application process poses enormous barriers for all applicants. The application form was not designed to be filled out by the applicant; rather, assistance by SSA staff was assumed.[15] For homeless persons, particularly those suffering from mental disability, these barriers are insurmountable:

o Homeless applicants may be unable to afford transportation to the SSA office to obtain an application form, to telephone for a medical appointment, or pay for the travel to a doctor's office or clinic.

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[14] Statement of Julie Turner, social worker, Downtown Cluster of Congregations, December 11, 1989.

[15] Communication with Rhoda Davis, Associate Commissioner for SSI, February 8, 1990.

- Illiterate homeless applicants may be unable to read the application forms.
- Mentally ill homeless persons may be unable to comprehend or respond to the information requested in the forms.
- All homeless persons -- living in shelters or on the streets -- may be unable to collect the required supporting documentation.
- And like all applicants, homeless persons may be unable to complete the form without assistance.

A recent report by a Massachusetts subcommittee on homelessness identified the following specific problems encountered by state disability workers attempting to process SSI claims by homeless applicants: [16]

Inability to locate applicant. In order to develop claims, workers need to schedule medical examinations for applicants. But contacting the applicant in order to schedule these exams -- or to obtain any additional information -- may be impossible: Night shelters are open only in the evening, and there are very few day shelters. This means that during normal business hours, workers have no way to reach applicants. Moreover, night shelters operate on a first-come, first-served basis. A homeless person may have to stay at a different shelter -- or no shelter -- on any given night. As a result, there can be no guarantee that a message left during the day at the shelter where an applicant stayed the previous night will ever be received.

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[16] Massachusetts Disability Determination Services Advisory Committee, Subcommittee on Homelessness, Disability Benefits and the Homeless (1989).

Similarly, a notice sent by mail to one shelter may never be received by an applicant who has since moved to another shelter. As a result, homeless applicants are likely to miss appointments for necessary examinations as well as requests for other follow-up information.

These problems mean that homeless persons may be unable successfully to apply for benefits or that, once receiving benefits, they many be unable to maintain them. It also means that claims examiners -- often already overburdened -- must expend extra time, effort and resources on claims by homeless persons.

Lack of evidence in files. SSA imposes very specific evidentiary requirements on SSI applicants. Disabled applicants must produce medical records documenting their disability over a period of time. Yet homeless applicants, partly because of their difficulty in obtaining health care to begin with, face numerous obstacles in obtaining such records.

Homeless persons often lack any medical coverage, including Medicaid. In addition, even those homeless persons who have Medicaid are often unable to obtain health care: because of low pay scales, many doctors do not take Medicaid patients. In some cases, homeless persons may receive treatment from special, non-profit programs that provide health care to the homeless. Yet these providers may lack the resources to keep the detailed records required by SSA.

Difficulty in obtaining consultative exams. Given the difficulty in obtaining documentary evidence, these examinations are particularly important. Yet they, too, are difficult to arrange and obtain. First, difficulty in locating applicants makes scheduling difficult or impossible. Second, few doctors are available to conduct such examinations. This dearth may be exacerbated by SSA's low payment schedule: a flat fee of $75 for a physical and/or psychiatric examination that may take -- in order to be thorough enough to meet SSA's criteria -- several hours.

Lack of legal resources. According to the Massachusetts report, over one-half of all SSI denials are reversed on appeal; there is no reason to believe that this ratio is any lower -- indeed, it is probably higher -- for homeless applicants. Yet many homeless persons lack the ability or resources -- including access to legal advocacy -- to appeal.

SSA'S Refusal to Conduct Outreach

In December 1987, recognizing the need, Congress passed legislation designed to provide outreach to homeless persons. Legislation spearheaded by Rep. Fortney ("Pete") Stark (D-CA) provided for federal grants to states to create special outreach projects to send social services workers to shelters, to assist in the completion of forms, and generally in the application process. Yet this program was never implemented by SSA.

In fact, according to internal agency memoranda, in March 1988, then-SSA Commissioner Dorcas Hardy called for repeal of the new law. But her colleagues at the Department of Health and Human Services, noting that homelessness was a "politically sensitive and visible issue", cautioned against activities that could be "interpreted as a lack of interest in the plight of the homeless" in an "election year." Others warned that requesting repeal "would only serve to raise the visibility of the issue". Instead, HHS apparently decided that "silence is the best policy". As a result, the new law was simply ignored: SSA never requested any funds and the new program was never implemented.[17]

In the fall of 1989, the National Law Center, working closely with other advocates, initiated a campaign to require SSA to implement the 1987 law. The National Law Center collected statements from activists around the country documenting the need for -- and lack of -- SSI outreach to homeless persons. Representatives Stark, Weiss, and the Center called upon HHS Secretary Louis Sullivan, as well as SSA Commissioner Gwendolyn King, to implement the law. Finally, on December 13, 1989, the Center, the states of Michigan and Massachusetts, Representative Stark, two providers and a homeless man filed suit against SSA in federal district court in Washington, D.C.[18]

Following initiation of this campaign -- and filing of the litigation -- SSA Commissioner Gwendolyn King visited a Baltimore shelter and stated that she would make SSI outreach to poor persons a "major priority".[19] In addition, in papers submitted to the court, SSA stated that it would make up to $1 million available to fund programs to conduct outreach to the homeless.[20] A February 2, 1990 federal register notice by SSA announced that SSA was soliciting "ideas" on how to conduct outreach.[21]

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[17] Memoranda of Dorcas Hardy March 15, 1988; Ronald Docksai: Assistant Secretary for Legislation, March 31, 1988; Steven A. Grossman, Office of Assistant Secretary for Health, April 4, 1988.

[18] Plaintiffs argued that even though Congress had not made a specific appropriation to fund the program, SSA should have used funds available from other sources to implement the law. By memorandum dated February 1, 1990, Judge Gerhardt Gessel disagreed, ruling instead that a specific Congressional appropriation was needed.

In addition, several news items helped focus public attention on the plight of disabled and elderly homeless persons. See, eg., Rich, Washington Post, December 14, 1989; CBS Evening News, January 24, 1990; Kosterlitz, National Journal; January 27, 1990; Lavelle, National Law Journal, January 8, 1990.

To ensure SSA compliance with these representations -- and to mandate expanded SSA outreach efforts -- new legislation has now been drafted to close the loopholes in the prior bill. This new law -- the Homeless Outreach Act -- would mandate that SSA conduct outreach across the country. Rather than solely make grants to fund special projects, the new law would require outreach as a general practice to ensure that all elderly and disabled homeless persons receive the benefits to which they are entitled.

Role of SSA in Causing Homelessness

SSA's failure to conduct outreach to the homeless -- despite a specific Congressional finding of need -- is unconscionable. But it is consistent with SSA's long-standing hostility to the poor: In the early 1980's, SSA instituted a policy aggressively to review -- and improperly to deny -- valid claims for benefits. As a result, as of 1985, an estimated 491,300 persons were dropped from the disability rolls. Of those dropped, more than 200,000 were reinstated following appeal.[22]

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[19] Tolchin, New York Times, December 29, 1989.

[20] SSA stated that it planned to review proposals beginning in April 1990 and to distribute the funds by September 1990. Memorandum of Points and Authorities in Support of Defendants'' motion for Summary Judgment, 12-13, on file with the Center.

[21] Federal Register, Vol. 55, No. 23, February 2, 1990.

Following numerous court orders, as well as Congressional action, this practice was discontinued. But in the meantime, victims of this policy joined the ranks of the homeless. In one survey, local officials in New York city, Denver and Columbus, Ohio attributed some of the increase in homelessness in those cities to SSA terminations of benefits.[23]

In addition, subsequent SSA actions continued a policy of hostility towards the homeless: Until 1987, homeless SSI recipients living in public shelters automatically had their benefits terminated after three months: a 1987 law extended receipt of benefits to six months. And in the fall of 1987, SSA began deeming receipt of shelter beds and soup kitchen meals "income" to homeless persons which it counted in calculating benefit levels. This practice was terminated later that year only after this practice was reported -- to SSA's embarrassment -- in the press.

The New York City Program

In November 1981, a special outreach program was initiated in New York City by the regional SSA office, and the state and city human services offices. This project sends teams of social services workers -- including SSA, state and city employees -- to shelters to take applications and assist in documentation. In addition, the teams schedule medical examinations and accompany shelter residents to doctors' offices. Applications for homeless persons are considered on an expedited basis.[24]

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[22] General Accounting Office, Homelessness: A complex Problem and the Federal Response 23-24 (1985).

[23] Id.

According to both city officials and SSA, this program is very successful. Yet no similar effort has been undertaken elsewhere in the country.

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[24] See GAO, Homelessness: A Complex Problem and the Federal Response, pgs. 39-40

Recommendations

The Social Security Administration should immediately take affirmative steps to ensure that eligible homeless persons receive the benefits to which they are entitled. These steps should include the following components:

- Regular visits to shelters, soup kitchens, and day centers for homeless persons to explain benefits, provide applications and assist in completing applications.
- Assistance in obtaining necessary medical examinations -- including transportation to doctors' offices -- and documentary evidence.
- Assistance in maintaining benefits.
- Information about and assistance in applying for related benefits, such as food stamps.
- Assistance in using benefits to secure other necessities, such as food, health care, and housing.
- Expedition of the application process so benefits are paid immediately.

Legislation now being considered by Congress -- the Homeless Outreach Act -- would mandate these steps.

AFFIRMATION

MICHAEL A. O'CONNOR, under penalties of perjury, hereby affirms as follows:

1. That he is Project Director of the Illinois State Support Center, 343 South Dearborn Street, Chicago, Illinois 60604. The Support Center is primarily funded by the Legal Services Corporation to provide back-up technical assistance to 200+ legal services attorneys throughout Illinois. The Support Center also receives grants from the Illinois Department of Public Aid and the Chicago Department of Human Services to provide technical assistance to staff of community-based organizations serving the homeless.

2. The Comprehensive Homeless Assistance Plan for the City of Chicago, dated February 13, 1989 estimates between 12,000 and 25,000 homeless persons in Chicago. The City of Chicago funds 62 shelters, with a capacity of 3,197 beds as of that date. The Chicago CHAP estimates that only 45% of the homeless population receives any public benefits at all.

3. "The condition of the homeless of Chicago," a report based on surveys conducted in 1985 and 1986 by the Social Demographic Research Institute, University of Massachusetts and NORC, a Social Science Research Center at the University of Chicago, made the following findings:

> "Although most homeless are eligible for one or another income maintenance program, less than half received any

> benefits from any public welfare or other income maintenance programs."
>
> "Many of the Chicago homeless were in poor physical and mental health. One in four claimed to be too sick to work. More than one in three claimed to be in fair or poor health (compared to less than half that proportion in the general U.S. population). More than one in three showed clinical signs of depression or demoralization. One in four showed clear signs of psychotic thought processes. Compounding these health problems, the homeless reported serious difficulties obtaining medical and psychiatric help."

The Rossi Report, pages vi, vii.

4. The Illinois Department of Public Aid recently convened a Coordinating Council on the Homeless. A committee of that Council, of which I am a member, has begun discussions concerning development of advocacy resources to obtain federal disability benefits for persons who are homeless and appear eligible for those programs.

5. Attached hereto is the annual report of the SSI advocacy project for General Assistance recipients in Chicago. This is the only resource funded by federal, state or local government expressly to provide advocacy assistance to obtain federal disability benefits. The program has been funded by the Illinois Department of Public Aid to take referrals, from IDPA, of General Assistance recipients in Chicago who appear to be eligible for federal disability benefits.

6. According to the first annual report, the SSI advocacy project, during its first nine months of existence:

-- received 5,029 referrals from IDPA

-- accepted the cases of 2,953 clients for advocacy

-- advised and referred an additional 2,058 to private counsel

-- obtained favorable decisions in 509 cases out of the 760 that received decisions

7. No program specifically aimed at assisting potentially eligible homeless persons in applying for obtaining and receiving SSI benefits currently exists in Chicago or elsewhere in Illinois. I have had discussions with members of the Subcommittee of the coordinating council for the homeless, and with IDPA staff, concerning expansion of the SSI advocacy project to allow for referrals from emergency shelters for the homeless and to provide for training and shelter staff to identify clients who may be eligible for federal disability benefits. Nevertheless, while the subcommittee has recognized the need for such outreach in Illinois, lack of resources make the prospects of implementing such an effort uncertain. In addition, because of the lack of resources, any such effort would be limited -- at least initially -- to Chicago.

8. If implemented by the Department of Health and Human Services, the federal Homeless Outreach Program would greatly aid the effort to provide outreach to homeless persons in Illinois. In addition, the creation of SSI outreach demonstration projects in other states would facilitate our efforts in Illinois by providing concrete models of such programs as well as a body of experience on which to draw.

9. If the Outreach Programs are implemented, the State Support Center would participate with the State of Illinois in any way possible to effectuate the goals of the program.

MICHAEL A. O'CONNOR

DECLARATION OF SUE WATLOV PHILLIPS

SUE WATLOV PHILLIPS, under penalty of perjury, declares as follows:

1. I am chair of the Minnesota Coalition for the Homeless, a private, not-for-profit organization headquartered in Minneapolis, Minnesota. The Minnesota Coalition conducts advocacy on behalf of Minnesota's homeless poor, works with the state legislature to promote policies for homeless persons, and provides technical assistance to providers of services to homeless persons throughout the state.

2. There are approximately 60-80,000 homeless persons over a year's period of time in Minnesota. Of this number, about 17% are chemically dependent, about 15% are mentally disabled and about 5-8% are physically disabled.

3. According to a survey conducted by the Minnesota Coalition and the state in August 1988, only 7% of all homeless persons receive any benefits, including Supplemental Security lIncome benefits, under the Social Security Act. I estimate that at the very least twice as many are eligible for such benefits.

4. The only outreach efforts now being conducted in Minnesota are mental health projects funded by the Mental Health Block Grant program of the Stewart B. McKinney Homeless Assistance Act. These mental health projects provide services generally, and do not focus specifically on the SSI program. Nor are they aimed at homeless persons who are not mentally ill.

5. While these programs serve an important function, they are clearly inadequate to the need. According to the state, only

about one-half of the mentally ill homeless persons contacted by the projects are provided any assistance with SSI benefits. Of course, homeless persons not contacted by the project receive no assistance.

I declare under penalty of perjury that the foregoing is true and correct.

Sue Watlov Phillips, MA., L.P.
Sue Watlov Phillips
Chair

Dated: November 10, 1989

DECLARATION OF OLIVIA WILCOX FOR THE COALITION ON TEMPORARY SHELTER ("COTS")

OLIVIA WILCOX, under penalty of perjury, declares as follows:

1. I am the Program Director at the Coalition on Temporary Shelter ("COTS") the largest emergency family shelter in Michigan.

2. COTS provides beds, meals and various social services to the homeless individuals and families that it shelters.

3. Last year COTS sheltered nearly 5000 homeless individuals. Of this number, at least 20% acknowledged a history of mental illness or substance abuse at the time of intake.

4. Because these statistics are based solely upon client acknowledgements at intake, they are grossly understated. Our experience suggests that the actual numbers of persons with a history of chronic mental illness, physical disabilities or substance abuse is much higher and comprises a number closer to between one-third and one-half of the population we serve.

5. Although we offer certain supportive services, including counselling, referrals and transportation to the Michigan Department of Social Services and Social Security offices, we do not have the in-house capacity to assist the many potentially Supplemental Security Income-eligible homeless clients we serve with the complicated process for establishing entitlement to disability related benefits.

6. The experience of our case-planners and counselors indicates that our homeless clients who suffer from chronic mental

illness, alcohol or drug addiction or who are physically incapacitated, are usually supported by much lower general assistance benefits which, in our state without shelter allowances, amounts to $130.00 per month. We generally find that these disabled individuals often are either unaware that they may be eligible for Social Security benefits or are unable to complete the application and appeals process in order to qualify. In some cases, those who were able to establish eligibility at one time have been unable to manage the benefits they receive.

7. The problems these homeless individuals encounter, often as a direct result of their disabilities, are compounded by the complexity of the Social Security application and appeals process itself.

8. Our staff of case counselors who are generally well-equipped to assist other homeless individuals and families in establishing basic eligibility for AFDC and General Assistance, do not have the time or expertise to collect the necessary medical reports and documentation to establish eligibility for SSI benefits and to shepherd clients through the review and appeals process which may take from several months to a year. For these reasons, many SSI eligible clients without income or benefits are steered into the General Assistance program which provides less income and has a work component that will subject these disabled clients to termination of benefits for non-compliance, resulting in eviction, and another round of homelessness.

9. We have prepared a funding proposal to hire a

caseworker/counselor who could work with residents moving into our transitional housing program who are either permanently disabled, low-functioning chronically mentally ill, or victims of substance abuse. This case planner would, among other duties, assist these homeless individuals in establishing eligibility for SSI benefits and in managing those benefits to obtain housing, counselling, and the related services they may require to prevent recurring homelessness. To date, we have been unable to obtain funding for this position.

10. If grants were made available through the SSI Outreach Program to assist disabled homeless individuals with overcoming barriers which prevent them from receiving and appropriately using benefits, we would certainly apply for these funds for our project.

I declare that the above statements are true to the best of my knowledge, information and belief.

OLIVIA WILCOX

Dated: 12-11-89

DECLARATION OF C. PATRICK BABCOCK
DIRECTOR MICHIGAN DEPARTMENT OF SOCIAL SERVICES

C. PATRICK BABCOCK, under penalty of perjury, declares as follows:

1. I am the Director of the Michigan Department of Social Services.

2. Prior to my appointment in January, 1987 as Director of the Department of Social Services for the State of Michigan, I served as the Director of the Michigan Department of Mental Health for 6 years.

3. In my capacity as Director of each of these state departments, I have served as a member of the Governor's Cabinet for the past 9 years.

4. In June, 1985, I was appointed by Governor Blanchard to chair a Human Services Cabinet Task Force on the Homeless in Michigan.

5. The Task Force analyzed and recommended solutions to the problems of homeless in Michigan in a study published in March, 1986 entitled "Life in Transit: Homelessness in Michigan."

6. Among other findings and recommendations, the study concluded:

> a. In Michigan, the homeless population ranges from an estimated 33,000 persons based on current shelter usage to 90,000 based on an extrapolation from national figures.
>
> b. In the Detroit area alone, there where more than 27,000 homeless persons in 1987 according to reports from emergency shelters.
>
> c. A study conducted in the Detroit shelters by the Michigan Department of Mental Health in 1985, indicated that approximately 25% of the shelter residents had a history of prior psychiatric hospitalization.

d. Nearly one-third of the residents of a Michigan shelter sample reported prior treatment for alcoholism; 15% had received treatment for drug abuse.

e. "Many of the homeless are unaware of services to which they are entitled, including income supports, medical care, and food and housing. Because they often live outside of the 'Mainstream', extra outreach efforts may be needed to inform this group of available services. In order to be effective, outreach programs must be staffed by individuals who are knowledgeable about homelessness, and who are willing to approach people on the street.

* * *

In addition, the snare of red tape often encountered in the application for services serves as a sufficient deterrent for many.

* * *

Finally, some traditional services simply may not work with this group as a whole. For example, traditional psychotherpay is probably a less appropriate immediate response to dealing with the problems of homeless mentally ill persons than is case management to ensure the provision of food, shelter, and income supports. This and other multi-disciplinary approaches involving relevant agencies or service providers may be more effective in providing services to this multi-problem group than is the traditional fragmented method of providing separate services." [emphasis added] Life in Transit: Homelessness in Michigan at page 9.

7. Although Michigan conducts a program within the Department of Social Services to identify potentially eligible SSI recipients currently receiving General Assistance, it does not have the capacity to identify SSI-eligible homeless persons who are currently not receiving any benefits.

8. Because the State of Michigan in its above-described

DECLARATION OF YVONNE BACON

YVONNE BACON, under penalty of perjury, declares as follows:

1. I have been living in a mass shelter, at the Coalition on Temporary Shelters (COTS) in Detroit, for the past five weeks.

2. This is the third time I have been homeless in the past two years, and my second stay at COTS.

3. The first time I became homeless, I stayed at the Salvation Army shelter for 20-30 days. From there, I went to the Roosevelt Hotel in Detroit where I lived in a room for several months.

4. I have been hospitalized at several state mental health institutions during the past ten years because I get very agitated and can't concentrate without medication.

5. I have never been able to work since I became ill and unable to concentrate.

6. I have been supported by General Assistance for the past several years without any medical insurance.

7. A few years ago I applied for Social Security benefits but I never received benefits and never heard anything after that about my application.

8. I have no idea how to follow-up to see whether I might be eligible for these benefits.

I declare that the above statements are true to the best of my information, knowledge and belief.

Ms. Yvonne Bacon
YVONNE BACON

Dated: 12-11-85

DECLARATION OF WAYNE PIPPIN OF THE DETROIT/WAYNE COUNTY UNION FOR THE HOMELESS

WAYNE PIPPIN, under penalty of perjury, declares as follows:

1. I am the President of the Detroit/Wayne County Union of the Homeless ("Union").

2. The Union is an organization of homeless individuals and families which advocates for housing and benefits for its members.

3. For the past two years, the Union has operated a Drop-In Center for homeless persons locked-out of shelters during the day. On an average winter day, approximately 70-100 homeless individuals crowd into the Drop-In Center.

4. The Center also operates a night rotating shelter in conjunction with several local churches which agree to provide blankets and floor space for homeless men, women and children turned away from overflowing shelters.

5. The Drop-In Center offers a staff of volunteer union members to attempt to assist the homeless with a variety of problems.

6. For most of the homeless who visit the Center, the major problem is lack of income which must be addressed before housing can be located.

7. Although the Union operates a van which it uses to transport members to the nearest DSS office, its volunteer members are unable to offer any assistance with benefit, applications or procedures at these offices.

8. Most Union volunteers are unaware of the various Social Security disability programs that exist and are unable to assist homeless members who might qualify for these programs.

9. Of the seventy to one-hundred homeless persons who drop in the Center each day, as many as 50% may show signed of mental illness or substance abuse, are disabled, or are elderly.

10. A program which would permit us and the organizations we work with to design proposals for providing outreach to these homeless individuals who in our experience are the most difficult to help, is desperately needed.

I declare that the above statements are true to the best of my information, knowledge and belief.

Wayne Pippin
WAYNE PIPPIN

Dated: 12/11/89

DECLARATION OF TIMOTHY GODFREY

TIMOTHY GODFREY, under penalty of perjury, declares as follows:

1. I am currently homeless and living at the Coalition on Temporary Shelters (COTS) in Detroit.

2. I would like to move out of the shelter but I have no income and no money to rent a place.

3. I am 22 years old and I have been hospitalized twice at a state mental hospital in Northville, Michigan because I heard voices and could not concentrate.

4. My last period of hospitalization lasted eight months.

5. I was getting SSI benefits several months ago, but I was cut-off.

6. I don't know why I lost my benefits or how to get back on.

I declare that the above statements are true to the best of my information, knowledge and belief.

TIMOTHY GODFREY

Dated: 12-11-89

DECLARATION OF TED PHILIPS OF THE UNITED COMMUNITY HOUSING COALITION

TED PHILLIPS, under penalty of perjury, declares as follows:

1. I am the Director of the United Community Housing Coalition, a housing advocacy agency for homeless and housing needy low-income families in Detroit.

2. In addition to efforts aimed at preventing homelessness which include eviction defense and mediation of landlord-tenant disputes, we also conduct a housing placement program in conjunction with local shelters.

3. As part of the program, we often assist clients with obtaining emergency benefits from the Michigan Department of Social Services.

4. Many of the nearly one-thousand clients we place annually have special needs. They include the elderly, the chronically mentally ill, the physically disabled and the alcohol or drug addicted homeless. These clients often present the most difficult housing placement problems and frequently involve repeat placements.

5. For these clients, usually, a major obstacle to housing placement is insufficient income or mismanagement of income related to a mental or substance abuse disability.

6. Although SSI benefits would provide increased income to these homeless enabling them to locate housing they could afford, often we find that they are not receiving these benefits.

7. While our staff currently possesses some minimal capacity to obtain emergency benefits for the families we place

(usually security deposits), we are unable to address the problem of long-term affordability for individuals and families receiving insufficent benefits or mismanaging benefits.

8. Thus, our efforts are short-lived when the homeless family placed one month is evicted the next month because of an inability to cope with or afford monthly housing payments.

9. In order to prevent this revolving door approach to housing placement for these special populations of the homeless, interventing to assure that clients receive appropriate benefit levels and assistance with money management is critical.

10. Currently, we are unable to offer these services to the homeless individuals we place in permanent housing.

11. If the federal government were to make funding available for pilot demonstration projects through the states to assist SSI-eligible homeless persons with obtaining benefits, we would welcome this opportunity to enable us to break this nightmarish cycle for these most vulnerable homeless and provide for more permanent and stable housing placements.

I declare that the above statements are true to the best of my information, knowledge and belief.

TED PHILLIPS

Dated: 12/11/89

RAMON WILLIS, under penalty of perjury, declares and states as follows:

1. I am a 34-year-old homeless person living in Washington, D.C. About one year ago I tested positive for HIV, which is a precursor to AIDS. I have been unemployed for about six months.

2. I received the HIV diagnosis about one year ago following a blood test at SOME, a soup kitchen for homeless people. At that time I was working as a dishwasher at Lawsen's Deli. After about six months, however, as my condition worsened, I was unable to continue working.

3. In addition to physical weakness, I have also experienced tremendous psychological stress. Learning that I am HIV-positive has been devastating to me. I have a hard time just going on with my life. Looking for work -- even if it were physically possible -- is psychologically extremely difficult in my current condition.

4. This is the first time in my life that I have been unemployed for any significant period of time. I graduated from high school in 1971, and worked steadily at various jobs since then. Being unemployed is very depressing to me, but given my condition, I have no other choice.

5. Because I am unable to afford a place to live, I sleep in various shelters in the District. I sometimes stay at the trailers on 7th Street and New York Avenue in Northwest. However, there are only 90 beds, and those fill up very quickly. If I am unable to get a bed there, I usually walk over to the shelter at the Randall School, in Southwest. If that is also

full -- or if I am too tired to walk there -- I sleep outdoors, on a heat grate or in a doorway. I have no permanent address and no telephone.

6. My only income is the $258 I receive each month from the District's general assistance program. I also receive food stamps and access to medical assistance. It is not possible for me to rent an apartment or even a room with $258 a month. I use the check for food, for washing my clothes, and for cigarettes. Nothing is left over.

7. I am aware that there are certain federal benefits that I could apply for. The social worker who handles my general assistance benefits told me I might be eligible for SSI benefits and recommended that I apply for them because of my HIV diagnosis. Although I am very interested in applying, I know nothing about the program and have no idea how to go about applying. Even if I could find this out, my life is such a shambles now that it would be really difficult for me to take even the first step in applying by myself.

8. I also understand that there are certain subsidized housing programs. I have no idea what there are or how to apply for them. But I do know that having a place to live would make a big difference in both my physical and mental condition.

9. I am used to working and having a place to live. I am not used to having to ask for help. But being homeless and having HIV has changed my life. I now desperately need help. Any additional assistance I could get -- help with benefits, and help with housing -- would make a big difference to me.

I declare under penalty of perjury that the foregoing is true and correct.

Ramon Willis

Ramon Willis

December 11, 1989

DECLARATION OF SHARON HUNT

SHARON HUNT, under penalty of perjury, declares as follows:

1. I, Sharon Hunt, am the Director of Georgetown Ministries, an organization which provides social services and outreach programs for homeless persons in the Georgetown and Foggy Bottom area. Our services include helping homeless individuals obtain identification, counseling, housing and government benefits. We also provide an address for clients without one, provide transportation to important appointments, provide clothing, food and job referrals. We help over 100 homeless individuals each month.

2. As a social worker, my main responsibilities are to provide case management services which include all the aforementioned to assist the client toward total rehabilitation. However, in the past two years, I have spent a great deal of time helping clients with social security claims.

3. Applying for social security benefits is a complex process. It is extremely confusing and frustrating for mentally ill homeless individuals. The Social Security Administration augments their confusion by only allowing homeless people to get the first part part of the application. I fill it out for them, but the applicant must fill out part two at the SSA. I have to go with them to fill out the second part because virtually all my homeless mentally ill clients are unable to perform this task by themselves.

4. I also prepare the documentation and medical history for my clients. While this process is merely time-consuming to a social worker, like myself, compiling and finding medical records is virtually impossible for a mentally ill homeless person. Many homeless people do not keep their records, either because they can not keep track of them or they have lost them in one of their many moves. Often, my clients can only remember the city or state they lived in and I work with them to try and trace their medical history.

5. I also accompany my clients to the Social Security office to file the application. It usually takes two weeks or longer to get an appointment and by this time my clients are usually anxious to start receiving benefits, so I go to SSA on a walk-in basis and just wait to file the application. I never mail applications because I personally believe they would not process the application and we would not have proof of the application's arrival.

6. SSA has never contacted me, my organization or any of my clients to offer information on or assistance in applying for social security benefits. In fact, the SSA has contacted me on only one occasion and that was to only in order to get more information from me about a client.

7. The times that I have contacted the SSA by telephone, they often could not respond to my questions but insisted that they only discuss the case with the client. For example, when I call to check on the status of a client's case, the Social Security representatives have informed that they could not give that information to anyone other than the applicant. However, many of my clients are unable to understand their questions. It is very frustrating to watch a mentally ill client try to follow questions that I have difficulty following. Even if I identify myself as the social worker in charge of a mentally ill homeless applicant, the answer is the same -- usually no help.

8. I also make medical appointments and go with those who need assistance. Taking the bus is often extremely anxiety-provoking for a mentally ill homeless person. I accompany them for support because my mentally ill clients have difficulty remembering the time of appointments and an overall fear of doctors and anything that is unfamiliar. I also try to get my clients into a program that will help them learn to cope with their disabilities.

9. Of the six clients I have helped recently, only two received benefits while all of them deserved them. Once they have been denied benefits with the help of a professional, the clients usually give up. They feel they have no other alternatives, no reason to try again.

10. Many of the clients that I work with are in need of other services. I believe that Social Security should refer these people to other programs. For instance, clients that are alcoholics should be referred to treatment programs to ensure we are doing our utmost to give these people another chance. Although they are vital to total recovery, Social Secuity makes no such referrals.

11. I think a Social Security Outreach program would be a tremendous help. If more people thought it was an easier process, they would apply. If the representative would come to the homeless applicant rather than the other way around, it would be less intimidating. It would be helpful to have a representative call on us so that the applicant and the representative could establish a relationship.

12. I believe that more homeless people would get benefits through an Outreach program such as the one that currently is not being enforced. It would make my job easier and benefit the people who need our help the most.

The foregoing is correct and accurate signed under penalty of perjury.

Sharon R. Hunt
Sharon Hunt
Director, Georgetown Ministries

Dated: December 11, 1989

DECLARATION OF JULIE TURNER

1. I, Julie Turner, am the social work supervisor for the Downtown Cluster of Congregations. I have been so employed for the past two years.

2. As a social worker, I am supposed to help homeless people with information and referrals. I also serve as a liason between my organization and the community. However, I have had to greatly neglect these responsibilities because I am spending so much time on social security cases.

3. When a homeless individual comes to me for assistance with social security, it is a long process. I go through all the following steps with my mentally ill clients because they are unable to do it themselves:

(1) I fill out the application. Although I use many of their forms with all my clients, Social Security will not send me the applications, so I must go to 2100 M Street every time that I have a new client.

(2) I go with my clients whenever they go to the Social Security Administration. Someone from Social Security called me to tell me never to send my "mental" clients to the SSA unaccompanied. She said that they cause a scene and needed someone to come down there with them.

(3) I spend countless hours going over past medical records. My clients sign medical record release forms, and I send away for all their records from hospitals and any other place they received treatment during the past ten years.

(4) Next, I set up apppointments with a general practitioner and a psychiatrist -- usually from Health Care for the Homeless, a non-profit group that provides free health care for homeless persons.

(5) At this time, I also begin to organize the medical history information that hospitals are sending. It takes about three months for all the records to arrive and to be put in order.

(6) After the psychiatric evaluation, if the client is diagnoised as being mentally ill, I get them into a community mental health program to help prove he or she is in need of assistance.

(7) Then, I personally go to the SSA to turn in the application. I have had problems in the past with mailed applications that the SSA claims they never received, so now I take no

chances and hand-deliver them.

4. If my client is denied, my duties continue. I will then file a request for an informal hearing. It generally takes about six weeks to be assigned a hearing date. I will go in with my client to the hearing after preparing for hours. I am prepared to answer any question that the judge might ask. To prepare for the hearing, I also call as many people who know the applicant to come to the hearing, some for moral support, others to testify.

5. I would estimate between the medical history, going repeatedly to the SSA, writing social summaries for the judge and the psychiatrists, finding free medical services and going with them to doctors, and the hours of preparation and phone calls I spend approximately 160 hours of work on each social security case I have.

6. My clients have never been treated well by the SSA; I truly believe that if they were just mentally ill rather than homeless mentally ill applicants they would receive better attention.

7. I spend way too much time on social security cases -- I should be working on their wellness as opposed to their money issues. However, it is a reality that money is the first issue that needs attention. Homeless people must have money in order to get housing and Medicaid (which includes their psychiatric treatment).

8. The Social Security Administration has been of no help to me in assisting the homeless. I don't mind dealing with other programs such as the Veteran's Administration, which has an outreach program and counselors. I make one phone call to the VA and a caseworker is appointed. With a few months, my client is getting benefits.

9. The SSA's local numbers are not published. When an outreach group got the list of phone numbers and gave them to all the D.C. providers, the SSA changed their numbers. I've had to call the national office in Baltimore many times because I am so tired of being put on hold, given numbers to call that don't exist or people on the other end who can't answer my questions.

10. Once, I was told that a client did not exist in their computers. He had applied numerous times and had been rejected. It was incomprehensible to me that they could not locate any information in their system about him. I called the national office and oddly enough, the computer had my client listed and the results. This shouldn't happen. I am mentally stable and this frustrates me to death. There is no way a mentally disabled person could struggle with the system.

11. Currently, half of my time is spent on social security cases, and I am only handling three cases.

12. In my experience, applying for social security benefits is an extremely confusing process; often it is impossible for a mentally ill homeless person to understand it. In some cases, applicants can start the process and begin to fill out the application but are unable to finish it.

13. I believe that the Social Security Administration should implement the statute in question. I don't want to continue to take up the slack in the system; I want to help the homelesss in the most productive way I can. Unless this statute becomes effective, we are not helping to end homelessness; we're just creating more paperwork.

The aforegoing is correct and accurate and signed under penalty of perjury.

Julie Turner

Julie Turner
Social Work Supervisor for the
Downtown Cluster of Congregations

Dated: December 11, 1989

DECLARATION OF ANN F. BECKER

Being under oath, I hereby depose and swear as follows:

1. I am currently the statewide Homeless Coordinator for the Massachusetts Disability Determination Services (DDS), which is a division of the Massachusetts Rehabilitation Commission. The mission of the DDS is to process and adjudicate SSDI and SSI applications in Massachusetts for the Social Security Administration (SSA). I have been employed at the Massachusetts DDS for thirteen (13) years.

2. The homeless, by definition, lead a transient and fragmented lifestyle. This often presents difficulties in tracking their whereabouts and addresses to complete the often lengthy and involved disability claims process.

3. The importance of receiving SSDI or SSI benefits is that it enables the homeless applicants to obtain a higher monthly cash assistance amount and better medical coverage. In addition, they also become eligible to apply as disabled individuals for state and Federal housing programs and thus end the cycle of homelessness and shelter existence. The denial of these benefits only places an additional burden on limited state, local and private resources.

4. There is a growing need for special programs to assist homeless persons in applying for SSDI or SSI. This is evidenced by the visible and continued growth of the homeless population including many persons potentially eligible for SSDI or SSI benefits.

5. In July 1986, the Massachusetts DDS implemented a new and innovative procedure for identifying and processing disability

claims (SSDI and SSI) by homeless applicants in the metropolitan area of the City of Boston. This project, named the "St. Francis House project", flags applications by homeless persons in order to facilitate their processing. A copy of a report describing the program is attached as Exhibit A.

6. The success of this new method of identifying and processing SSDI and SSI applications for homeless applicants is attributable to the fact that it promotes a system for integrating the shelters for the homeless, state welfare agencies, legal advocates and anyone involved with the homeless applicant through a "net working" and close relationship with the community at large.

7. While successful, this Massachusetts DDS program for homeless SSDI and SSI applicants is also limited. It does not conduct significant outreach to homeless persons who may be unaware of or unable to apply for SSI or SSDI benefits; it primarily assists those who are able to apply. I estimate that only about one-fourth of eligible homeless persons actually apply for these benefits.

8. In addition, even given this limited scope, the program is operating with scarce resources within the state agency budget. I am the only person staffing the program, and I carry one-half a regular caseload as well. A more intense effort could be accomplished through increased staffing and funding. With more resources, it would be possible to conduct outreach to every possible and potential homeless citizen within Massachusetts.

9. In my position as the Massachusetts DDS Homeless Coordinator,

I have received telephone calls from DDS personnel from the states of New Jersey, Connecticut, Pennsylvania, Illinois, and California requesting advice on how to initiate a process for identifying and processing SSDI and SSI claims for homeless applicants modeled on the program used by the Massachusetts DDS.

Signed under the pains and penalties of perjury this 8th day of December 1989.

Ann F. Becker

Ann Becker

THE COMMISSIONER OF SOCIAL SECURITY
BALTIMORE, MARYLAND 21235

MAR 15 1988

TO: The Secretary
Through: US ____
COS ____
ES ____

FROM: Commissioner of Social Security

SUBJECT: Demonstration Projects To Assist Homeless Individuals (Section 9117 of P.L. 100-203); Implementation Issues--ACTION

ISSUE

What steps should be taken regarding the homeless outreach demonstration authority in section 9117 of the Budget ~~Reduction~~ Reconciliation Act of 1987 (P.L. 100-203)?

FACTS

[illegible]

Section 9117 of the ~~Deficit~~ ~~Reduction~~ Reconciliation Act of 1987 (P.L. 100-203) authorizes the Secretary of Health and Human Services (HHS) to make grants to States for projects designed to demonstrate and test the feasibility of special procedures and services to ensure that homeless individuals are provided supplemental security income (SSI) and other benefits under the Social Security Act to which they are entitled and to receive assistance in using such benefits to obtain permanent housing, food, and health care. To receive a grant, a State's program must meet the conditions and requirements prescribed by the Secretary.

The law specifies that these projects shall include procedures and services to overcome barriers which prevent homeless individuals, particularly the chronically mentally ill, from receiving and appropriately using benefits. The required elements of these projects are:

- creation of cooperative approaches between the Social Security Administration (SSA), State and local governments, homeless shelters, and other service providers,
- establishment of multiagency outreach teams where appropriate,

- -- special efforts to identify potentially eligible SSI or Social Security beneficiaries among the homeless,
- -- provision of special assistance in applying for and obtaining evidence to support applications for benefits under Social Security Act programs,
- -- provision of special training and assistance to public and private agency staffs (including shelter workers) on Social Security and SSI eligibility procedures and evidentiary requirements,
- -- provision of ongoing assistance to the formerly homeless to assure their response to eligibility redetermination efforts, and
- -- provision of assistance to ensure appropriate use of benefit funds to enable the homeless to obtain permanent housing, nutrition, and physical and mental health care.

If a State applying for demonstration funds under this provision decides that a multiagency SSI outreach team is appropriate, the law is very specific about the makeup of the outreach teams and the functions and responsibilities of each member. Each four-person team is to have a social worker, a consultative medical examiner, a disability examiner from the State's Disability Determination Service, and a Social Security claims representative. However, if a State's grant proposal shows that a differently constituted outreach team would be as effective, the Secretary may waive the law's specific requirement for team membership.

with approved multiagency [illegible] SSI outreach [illegible]

States are required to provide such information as the Secretary determines necessary to enable him to evaluate each project and the demonstration ~~authority~~ program in general.

The Secretary is required to provide a full and complete report to the Congress not less frequently than annually on the demonstrations. The report must contain a detailed evaluation of ~~each State's~~ program and each project under the program, including appropriate recommendations. This evaluation is to serve as a basis for determining whether the activities and procedures developed for the demonstrations should be continued, expanded, modified, or converted into regular features of permanent law.

the demonstration [illegible]

The law directs that the criteria used to evaluate ~~these~~ projects shall take into account the special circumstances of the homeless and their need for personalized attention and follow-through assistance and shall emphasize the extent to which the procedures and assistance made available to applicants under these demonstrations recognize those circumstances and meet those needs.

The law authorizes $1.25 million for fiscal year 1988, $2.5 million for fiscal year 1989, and such amounts as may be necessary each fiscal year thereafter to be appropriated to fund the demonstrations.

OPTIONS AND DISCUSSION

1. OPTION: Seek repeal of section 9117; pending outcome, do not seek an appropriation.

   DISCUSSION: The demonstration authority is not needed. SSA is currently participating in State and locally organized outreach efforts for the homeless. It is also working with national organizations concerned with the homeless to provide information on available programs and services. Furthermore, the demonstrations would duplicate other, more specialized demonstrations. SSA is involved in multi-State demonstrations with the Robert Wood Johnson Foundation to assist chronically mentally ill and homeless persons.

   The provision imposes demonstration plan requirements patterned after one site (New York City). The conditions in New York and its solutions to the problem of reaching the homeless may not be appropriate to other sites. The obligation appears to lie with the requesting State to show that an alternative program to that specified in law would be as effective.

   The reporting and evaluation activities will require significant amounts of resources both at the State and Federal levels. Furthermore, the resulting products would be of questionable value in determining whether procedures and practices that are successful in one area would be as effective elsewhere.

No funds are budgeted specifically for SSI homeless demonstration projects for fiscal years 1988 or 1989. Under this option, HHS would take no action to seek funding for the projects. Congress did not appropriate any funds for this project in the final continuing resolution.

Pros:

- o Prevent the expenditure of new funds for an unnecessary and duplicative effort.
- o Prevent the ~~diversion~~ use of limited State and Federal resources from the delivery of benefits and services to the public in order to produce reports.

Con:

- o Could lead to misinterpretation of the Administration's commitment to assist the homeless and subject the Administration to adverse criticism by Congress and advocates.

2. OPTION: If repeal is not sought, ask the Assistant Secretary for Planning and Evaluation (ASPE) to reconsider the tentative decision giving SSA lead responsibility, taking into account that SSA is not, by its current structure and responsibilities, well suited to administering grants to States for State-administered projects.

DISCUSSION: If repeal is not sought, it is necessary to determine which Federal agency or HHS component is best suited to implement the demonstration project. SSA has little experience managing grant programs and no component set up to deal with State-run programs or projects. Also, the elements of the State programs that must be evaluated are service-delivery related and thus fall outside SSA's area of responsibilities and expertise.

Within HHS, there are several possibilities.

- o The Office of Community Services of the Family Support Administration already provides block grants to States to expand comprehensive services to the homeless, including the provision of assistance in obtaining social and maintenance services and income support services.

- The Alcohol, Drug Abuse, and Mental Health Administration of the Public Health Service provides block grants to States to support outreach services, community mental health services, referrals to health services and substance abuse treatment, staff training, case management, and supportive and supervisory services in residential settings.

- The National Institute of Mental Health, also under the Public Health Service, provides grants for demonstrations to provide comprehensive community-based services for homeless adults with severe, long-term mental illness and for demonstrations involving innovative, targeted approaches to serving severely emotionally disturbed homeless children and adolescents.

Consideration was given also to the possibility of delegating implementation to the Department of Housing and Urban Development (HUD), which has responsibility for implementing homeless-related demonstrations under the Stewart B. McKinney Homeless Assistance Act, and to the Interagency Council on the Homeless, which the Homeless Assistance Act created and placed in HUD. The Council reviews and coordinates Government programs that have been set up to help the homeless but does not administer programs or grants.

Delegating implementation responsibility to a non-HHS agency may not be a viable course of action, however, because section 9117 specifically designates the Secretary of Health and Human Services as being responsible for implementing, evaluating, and reporting on the effectiveness of the provision.

's
mendation

RECOMMENDATION

Seek repeal of section 9117.

DECISION

1. OPTION: Seek repeal of section 9117; pending outcome, do not seek appropriation.

Approved_________ Disapproved___________ Date___________

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of the Secretary
Washington, D.C. 20201

[illegible]

TO: Gary Good
Executive Secretariat

FROM: Assistant Secretary for Legislation

SUBJECT: SSA Decision Memo to the Secretary regarding implementation of Demonstration Projects to Assist Homeless Individuals (Sec. 9117 of P.L. 100-203)--NONCONCUR

The Assistant Secretary for Legislation nonconcurs with the Social Security Administration's recommendation (option 1) that the Department seek repeal of Section 9117 of P.L. 100-203, the Deficit Reduction Reconciliation Act of 1987. While this office agrees with the Commissioner of Social Security Administration that the demonstration authority granted the Secretary in Section 9117 is not needed and that such demonstrations would be duplicative of other projects in which SSA is involved, we cannot endorse option 1.

Given the on-going focus on the homeless in Congress, we believe an attempt to seek repeal is politically untenable at this time. Such an effort would undoubtedly be unsuccessful and could unfortunately be interpreted as a lack of interest in the plight of the homeless by this Department, thus subjecting the Secretary and the Administration to strong criticism of a politically sensitive and visible issue in an election year.

As the Commissioner of SSA has pointed out, although Congress authorized the homeless demonstration projects for fiscal year 1988, no appropriation to carry out the authority was made. We believe, therefore, that the Department could easily justify a decision not to seek an appropriation to implement Sec. 9117 in FY 1989.

Of the options presented, however, this office believes that option 2 represents the most prudent course of action; that is, the Assistant Secretary for Planning and Evaluation should consider assigning implementation responsibility to an HHS component other than SSA.

Ronald F. Docksai

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

APR 1 [illegible]

✓DSSI
CC GT
MR

MEMORANDUM

TO: Gary Good
Executive Secretariat

FROM: Robert B. Helms, Ph.D.
Assistant Secretary for Planning and Evaluation

Glen – we need to discuss this. GT 4/1

Subject: Demonstration Projects to Assist Homeless Individuals -- SSA Options Memorandum

The SSA memorandum poses two options for dealing with the homeless demonstration authority in Section 9117 of P.L. 100-203, passed last December. This provision of the Reconciliation Act authorizes grants to states to test the feasibility of special procedures and services to ensure that homeless individuals are provided supplemental security income (SSI) to which they are entitled, and assistance in using such benefits to obtain housing, food, and health care.

The first option proposed by SSA is to seek repeal of the legislation because it is not necessary. SSA is currently cooperating with a variety of state and locally organized outreach efforts for the homeless. In addition, according to SSA, it would also duplicate more specialized demonstrations such as the Robert Wood Johnson Foundation demonstrations to assist chronically mentally ill homeless persons. Pending the outcome of the repeal proposal, we would not seek an appropriation.

In the second proposed option, SSA suggests that it is not well suited to administering grants to states for state-administered projects. SSA asks that ASPE reconsider who should have the lead for implementing these demonstrations.

ASPE does not concur with SSA's recommendation to seek a repeal of this authority. While the SSI demonstration authority is similar to other efforts in SSA and to the Robert Wood Johnson Foundation demonstrations, it is not exactly duplicative. Requesting repeal would only serve to raise the visibility of the issue and place the Administration in an adversary role with regard to these demonstrations.

March 30, 1988

NOTE FOR THE RECORD

Subject: SSI Outreach (Section 9117)--SSA's March 15 Memo to the Secretary--INFORMATION

Mike Fishman called today to discuss the subject memo. He said ASPE had some reservations about going for repeal and wanted to discuss some alternatives. He implied that ASPE was leaning in the direction of recommending that the memo be returned to SSA with a recommendation that we develop some more feasible alternatives. (I don't know if his, or ASPE's, views may change as a result of the conversation.)

Essentially, Fishman's suggestion was that we consider somehow "complying" with section 9117 by expanding activities already underway with the Robert Wood Johnson folk. I said yes this was one kind of activity that went in the direction of section 9117, but:

(a) Congress (especially Jensen) was aware of Robert Wood Johnson activities and wanted section 9117 in addition to that initiative.

(b) This was not compatible with the notion of State led demonstrations that was built into section 9117 (and that SSA found so far outside its experience and expertise).

We also talked vaguely and inconclusively about the absence of funding for section 9117 and the political sensitivity of the provision.

MR
Mary Ross

cc:
Mr. Fisher
Mr. Cronin
✓SSIB
LRO

study has already recognized the critical need for outreach programs to provide income support to those homeless persons without access to benefits, it would agressively pursue the development of pilot efforts to obtain benefits for SSI-eligible homeless person if funds were made available to the States for this purpose.

I declare that the above statements are true to the best of my information, knowledge and belief.

C. PATRICK BABCOCK

Dated: 12/12/89

Subscribed to and before me this 12th day of December, 1989, at Lansing, Michigan.

Notary Public

ANNIE E. WILLIS, NOTARY PUBLIC
INGHAM COUNTY, STATE OF MICHIGAN
MY COMMISSION EXPIRES 10-25-92

DECLARATION OF WILLIE CARTER FOR HOMEWARD BOUND

WILLIE CARTER, under penalty of perjury, declares as follows:

1. I am the Chief Coordinator for the "Homeward Bound" project, developed as a joint proposal prepared by a coalition of state and local governmental and charitable homeless assistance providers and advocates in the City of Detroit.

2. Participants in this proposed collaborative effort to provide coordinated supportive services to special at-risk homeless populations at a central location, include the State of Michigan through its Department of Social Services, the City of Detroit through its Neighborhood Services Department, the County of Wayne through its Health Care for the Homeless Project, local mental health providers, by the Detroit Central City Community Mental Health Program, several local shelters including the Coalition on Temporary Shelters, the Detroit Rescue Mission, the Salvation Army, several religious organizations which provide food and shelter to homeless persons, and several advocacy and housing placement organizations, including the United Community Housing Coalition, United Community Services, and Travelers Aid.

3. The project proposes to provide coordinated services for vulnerable homeless populations which would include victims of mental illness and substance abuse, the physically disabled and the elderly.

4. A vital link in the proposal would provide homeless program participants with assistance in obtaining public assistance benefits including supplement security income for the physically or mentally disabled homeless.

5. Current coalition members do not have the capacity to provide these services to the homeless populations they serve.

6. The Project proposes to develop a central location for the delivery and coordination of existing services offered by coalition members who will commit to providing sattelite services on-site. The Project also plans to "fill the gaps" in services which include providing special assistance to fragile homeless populations in obtaining and managing benefits.

7. The Project has been in the planning stages for the past eighteen months. It has identified a location central to most of the shelters and homeless assistance providers, obtained their cooperation for linking services, and is actively seeking funding to implement the plan.

8. If funding were made available to the states through the SSI Homeless Demonstration Outreach Program, Homeward Bound would apply for these funds as part of this pilot project to deliver services to special, at-risk homeless populations.

I declare that the above statements are true to the best of my knowledge, information and belief.

Willie J Carter
WILLIE CARTER

Dated: 12-12-89

We are not comfortable with the second option because the demonstrations are intended to focus on the SSI program, whi clearly under SSA's administration.

Therefore, we suggest that SSA explore a middle road that li between implementing new demonstrations and seeking repeal o demonstration authority. We agree with SSA's assertion that there are clear similarities between the demonstrations authorized in Section 9117 and the Robert Wood Johnson Found demonstrations. It is also clear that SSA has specific SSI outreach activities underway which are directed toward the homeless. Therefore, we suggest that SSA explore an option would involve expanding its role in the Robert Wood Johnson Foundation demonstrations in order to strengthen their SSI component and reviewing its current SSI outreach efforts to determine if they require additional emphasis. These explor tions might yield an option where SSA expands its current ef incrementally rather than undertaking new demonstrations. S an approach could be acceptable if it met the intent of Sect 9117.

Therefore, we recommend that SSA give the question further r and consideration.

HE GENERAL COUNSEL

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20201

MAR 30 1988

Note to Gary Good

Re: Demonstration Projects To Assist Homeless Individuals -- Implementation Issues

We have reviewed the option paper from the Commissioner to the Secretary regarding the implementation of section 9117 of Pub. L. No. 100-203. We have the following comments.

1. The discussion of option 2, regarding the delegation of the lead responsibility to a component or agency other than SSA, makes reference to a possible delegation of authority by the Secretary to another Federal agency, the Department of Housing and Urban Development, to implement section 9117. We are unable to find legal support for this type of delegation. Section 9117 gives the Secretary the responsibility of implementing the section. While the Secretary can engage other Federal agencies to perform services or activities under the Economy Act (31 U.S.C. §1535), it does not seem that the Secretary can abdicate his responsibilities under section 9117 by turning implementation of the statute over to another Federal agency. This would appear to be an improper delegation of authority. We believe the discussion should indicate that such a delegation would not appear to be legally supportable.

2. We have noted other technical changes for accuracy on the attached mark-up.

Ronald E. Robertson
Ronald E. Robertson
General Counsel

Attachment

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretar
for Health
Washington DC 20201

APR 4 [illegible]

NOTE FOR GARY GOOD, OS/ES

SUBJECT: Demonstration Projects to Assist Homeless Individuals — Implementation Issues

We have reviewed, but do not concur with, the recommendations in Commissioner Hardy's memo to the Secretary on the homeless demonstration program.

We agree that the Department should not seek an appropriation for the program. However, if we actively work to repeal the legislation, the Administration risks being portrayed as uncaring for the homeless. Since nothing is happening at the moment, silence seems the best policy given the politics of homeless issues.

A decision regarding Option 2, transferring management responsibility in the event the program is funded, needs more discussion and may be premature. In the event the program is funded, familiarity with the fairly complex supplemental security income policy and program regulations would seem to be a key area of expertise needed for effective implementation. However, before any decision on lead is made, a more through discussion of alternatives and rationale needs to take place.

Thank you for the opportunity to review this document.

Steven

Steven A. Grossman

cc:
Dr. Windom

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of the Secretary

Memorandum

Date: April 7, 1988

From: Audrey F. Morton
Director
Office for Civil Rights

Subject: Memo of March 15, 1988 from the Commissioner, SSA to the Secretary re: Demonstration Projects to Assist the Homeless - NONCONCURRENCE

To: Gary Good
Executive Secretariat

The Office for Civil Rights has reviewed the memorandum of March 15, 1983 from Dorcas Hardy, Commissioner, SSA to the Secretary concerning the homeless outreach demonstration authority in Section 9117 of the Budget Reduction Reconciliation Act of 1987 (P.L. 100-203), and the options set out in that memorandum.

The Office for Civil Rights nonconcurs with the Social Security Administration's recommendation in favor of Option 1, which would seek the repeal of Section 9117. We base this on the arguments set out in the "Con" section of that Option which is most persuasive. From the point of view of the administration, a move to repeal an already enacted authorization to do something to aid the homeless and a decision to seek no funding until that is done, would give weight to the critical views which have been expressed with respect to the administration's concern about the plight of the homeless.

The Office for Civil Rights supports arguments set out in Option 2 which would direct ASPE to consider what components of HHS are best equipped to carry out the outreach demonstration projects specified in Section 9117. If this option is accepted, we would suggest that ASPE use the program expertise of OCS/FSA, ADAMHA and NIMH, together with the SSA in proceeding with implementation of Section 9117. The program could be housed administratively in any component which has grant making expertise, but the decisions as to what projects to fund should be arrived at cooperatively by the agencies involved. In addition, OCR should be involved to the extent that consideration is given to ensuring that distribution of the funds will benefit the minority and other protected classes of homeless persons.

We are available to discuss this matter further. Please call Marcella Haynes on 245-6671 or Frank Weil on 245-6700.

NATIONAL LAW CENTER ON HOMELESSNESS AND POVERTY
1575 I Street, N.W., Washington, D.C. 20005 (202) 289-1680

Homeless Outreach Act: Summary

Recent studies indicate that homeless persons face extraordinary difficulty in applying for and receiving benefits to which they are entitled. Isolated in shelters or on the streets, and lacking any resources, they are often unable to travel to government offices to inquire about or apply for benefits. Similarly, lacking a permanent address or telephone, homeless persons face great difficulty maintaining any benefits they are able to obtain. Mentally ill homeless persons face particular, often insurmountable, difficulties in understanding and responding to complex application processes.

Over 50% of all homeless persons are eligible, because of age or disability, for benefits under the Social Security Act. Yet only a fraction -- in some cities as few as 13% -- actually receive them. The Homeless Outreach Act aims to redress this problem by assisting homeless persons in applying for, receiving and maintaining Social Security benefits.

The Act requires outreach but permits flexibility in the manner of its provision: for any given locality the Social Security Administration has the option of conducting outreach itself or providing grants to States, local governments or private non-profit entities to conduct outreach. In either case, the Act defines outreach to contain the following components:

- Regular visits to shelters, soup kitchens, and day centers for homeless persons to explain benefits, provide applications, and assist in completing applications.
- Assistance in obtaining necessary medical examinations and documentary evidence.
- Assistance in maintaining benefits.
- Information about and assistance in applying for related benefits, such as food stamps and medicaid.

In addition, the bill requires SSA to expedite applications for benefits by homeless persons, shortening the period from the normal 90 days to 30 days.

This legislation does not propose a radical departure from existing SSA practices. Rather, it requires that SSA perform its existing duties -- which now include providing assistance in completing applications -- in a manner that is accessible to homeless persons.

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